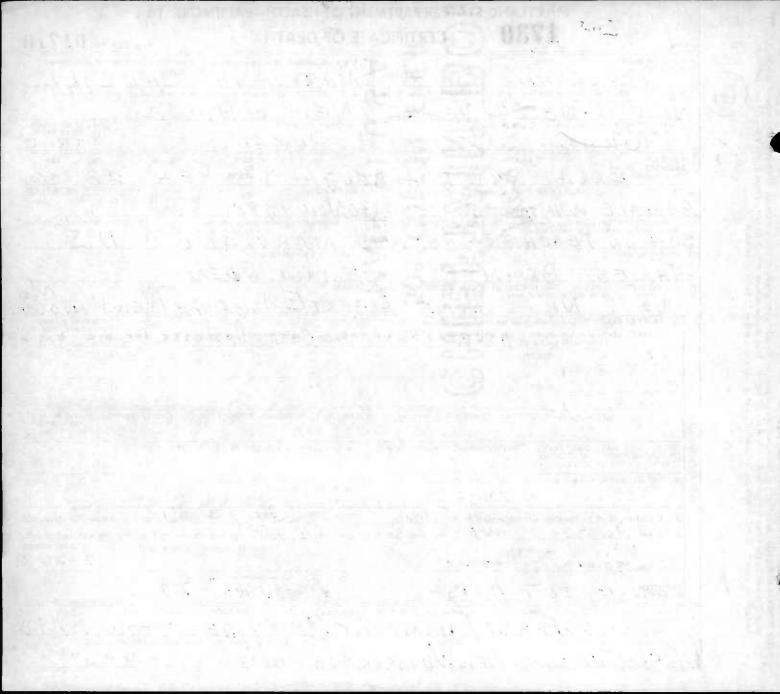
certificate be executed within 24 ho

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



TO HOSPITA

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

	DIAISIOIA	OL SIMILBUCHE RESEMBLU MIAD KE	COKDS - DALI
ı	731	CERTIFICATE C	OF DEATH

1. PLACE OF DEATH O. COUNTY OY OMARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE D. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Taylovs wille
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS RT6-LUPSTINGINSTEN e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Dena Middle Martha	Barnes 4. DATE Month Day Year OF DEATH FEBRUIZZY 15 196/
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH Feb. 14, 189/ 9. AGE (In years lost birthday) Months Days Hours Min.
10c. USUAL OCCUPATION (Give kind of work done of the line of the l	Maryland U.S.
Thomas defferson Byers	Rosa Ellen Franklin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (If yes, give wor or doles of service)	MUS, Lillian E, Naill - RHG-Westminster
gove rise to immediate cause (a), stating the <u>under-</u>	Thrombosis Interval Between onset and Death Inv.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO RED. (Enter nature of injury in Part I or Part II of item 18.)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.)
21. I certify that (1) (this haspital) attended the deceased fram sow the deceased alive on FEBS 1961, and that 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type) WB, CUIWEIL IND.	death occurred of AM, from the couses and an the date stated abave. ATTENDING MED. STAFF PHYS. THE SIGNED SIGNED PHYS. 22d. ADDRESS MOUNT, ATTY MED. STAFF SIGNED SIGNED PHYS. THE SIGNED PHYS.
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BUT 18 Feb. 18, 1961 Family Bur	OR CREMATORY 23d. LOCATION (City, town, or county) (Stote) ial Lot Taylorsville Carroll Md.
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. M. Waltz, Winfield, Marvla	250. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

Classed, and the principal of the first transfer and the later than the contract of the contra MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OF DEATH		e eck
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VR A1S (4) 1SM 9/59 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	113	3	CERTIFI	CAT	E OF DEAT	TH			017	113
1. PLACE OF DEATH o. COUNTY Carrell			MARYL		2. USUAL RESIDENCE o. STATE Marylan		b. COUNTY	on: Residence	before adm	ission)
		its, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN		orate limits, write R	URAL ond giv	ve nearest to	wn)
OR INSTITUTION	TAL (If not in hospital, State Hos				d. STREET ADDRES		63	X-7	ON	ESTDENCE A FARM?
3. NAME OF DECEASED (Type or print)		rst AMCS	Middle		lost Bat ły	4. DATE OF DEATH	Februa Februa		Day 14,	Year 19 61
s. sex Male	6. COLOR OR RACE	7. MARR	ED DIVORCED		3-9-22		9. AGE (In years last birthday) 38 yrs.		YEAR IF UN Days Hour	7
10a. USUAL OCCUPATI during most of war Horse Gr	rking life, even if retired	1 0	KIND OF BUSINESS OR	INDUST	Towson	, Mary			S.A.	COUNTRY
13. FATHER'S NAME Alexande	r Bass				14. MOTHER'S MAID					
1S. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give wor or dates of	service)	SOCIAL SECURITY NO.		ormant umes Batiy	-11/2101	Add	ress	- 513	
Canditians, if a gove rise to cause (o), stating lying couse lost. PART II. OT	the <u>under-</u>	o) O	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE T	ERMINAL DISEA	se condition giv	VEN IN PART	PER	S AUTOPSY FORMED?
PART II. OT	AS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injur	ry in Port I or Po	ort II of item 18.)		163	
20c. TIME OF INJU Haur o. m. p. m.	RY Month, Day, Ye	20d, II While at wor	_ Not while_		CE OF INJURY (Home, ory, street, office bldg.		ty ar town)	(Co	ounty)	(Stote
saw the deceg	at (I) (this haspita	l) attend	ded the deceased to 4 19 61 , and	fram that de	Feb. 10	19 61 ta	Feb. 1	4 , 19 61 nd an the	date state	ed abave
22a. SIGNATURE 22c. PHYSICIAN'S	dyars M.	ma.	nlacy	м	.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3 34		22b. DATE SIGNED
NAME (Type)			Maculans, S		Henryto		e Hospita			
23a. BUBIAL, CREMATION REMOVAL (Specify	2/18	61	23c. NAME OF CEME PLE AS EM	- 1	Pest to	4 1/	ATION (City, town,	0-(10	CUSON NATURE	tate)
(1), 1010	D. Pha	Ima	1701 M	Cul	1 , .	FEB 1 7		illum S.	Kraus	

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

/	o. COUNTY Cari	coll		MARYL		o. STATE Mary	rland	b. COUNTY		alto.	V
	b. CITY OR TOWN (I RURAL and give no Sykesv			mos . 20day:		c. CITY OR TOWN (IF	March Committee	rote limits, write l	RURAL ond g	ive neares	town)
	OR INSTITUTION	AL (If not in hospitol, gi	ve street odd	lress)		d. STREET ADDRESS	Gay St				IS RESIDENCE ON A FARM? 'ES NOTE
	NAME OF DECEASED (Type or print)	Firs Art		Middle Berna:	rd]	Beauchamp	4. DATE OF DEATH	Mo Fel	ruary	Day 7,	Year 1961
S.	sex Male		7. MARRIED	NEVER MARRIED	- T	anuary 24,	1907	9. AGE (In years last birthdoy) 54 yrs	Months		UNDER 24 HRS. Hours Min.
	. USUAL OCCUPATION	ON (Give kind of work ding life, even if retired) repairman		S Haras	INDUSTRY		e or foreign o	ountry)		S.A.	HAT COUNTRY?
13.	John H	. Beauchamp			1	4. MOTHER'S MAIDEN		ay Moult	on		
		R IN U. S. ARMED FORG	rvice)	CIAL SECURITY NO. 218-03-723	17. INFOI	Springfie	ld Hosp		ords		
		TH [Enter only one country was CAUSED BY: IMMEDIATE CAUSE (o) DUE TO		for (o), (b), and (c).]	nia					ONSET	AL BETWEEN AND DEATH
NO	Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTH	mmediate (NTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TERM	MINAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(o) 19.	WAS AUTOPSY
L CERTIFICATION	20a. ACCIDENT WA					Enter noture of injury in				Y	ES NO
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	While of work	Not while_		OF INJURY (Home, for r, street, office bldg., e		or town)	(0	County)	(Stote)
		ed alive an Fet as the Agustin of	Del C	19. 61, and 1		th accurred at 12	MED.	STAFF PHYS.	nd an the	date s	22b. DATE SIGNED 2/7/61
23	g. BURIAL, CREMATIC REMOVAL (Specify)		F/ 12	ADDRESS	TERY OR G	dom	23d. LOCA		or county) ISTRAR'S SIG		(Stote)

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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THE RESERVE OF THE PARTY OF THE	
Averagement of the little action (2)	THE REPORT OF THE PARTY OF THE

FOR STATE

TO DEPUX, MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fundral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any evert within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

	Division of STATISTICAL RESEARCE	CH AND RECORDS,	301 W. PRESTON STRE	EET, BALTIMORE 1,	MARYLAND
	1736MEDICAL	EXAMINER'S	CERTIFICATE O	F DEATH	01716
ı	1. PLACE OF DEATH		2 TIGHT PEGIDENCE (Who		

	a. COUNTY			E (Where deceased fived, it institute	on Residence Detore edmission,					
	Carroll	MARYLAND	a. STATE Mar	yland b. COUNTY E	Baltimore V					
	b. CITY OR TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporete limits, write RURAL	end give neerest town)					
	write RURAL and give neerest town)	l 773	7700 Aba	ndow Dood	0118-1					
-	Sykesville	Limos.17days		rdeen Road.	/					
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
	Springfield State Hospit	al	Baltimor	e 4.	YES NO K					
3.	NAME OF First DECEASED	Middle	Last	4. DATE Month	Dey Yeer					
	(Type or print) Edward	Theodore	Bowers	of DEATH Februar	y 15, 1961					
5.	SEX 6. COLOR OR RACE 7. MARRI		DATE OF BIRTH	9. AGE (In yeers IF UND						
	36.9		N 01. 7.97	last birthdey) Month						
10	Male White widowi		Nov. 24, 187							
do	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stele o		CITIZEN OF WHAT COUNTRY?					
	Blacksmith	-	Maryland		U.S.A.					
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME						
	William Bowers		U nlenow n	LUCINIDA FA	PACK					
15.		SOCIAL SECURITY NO. 17. II		Address	(001).					
(Y	es, no, or unkown) (Ifyesgivewerordetesofservice)									
-	No -		bringfrerg u	ospital Records.						
	18. CAUSE OF DEATH [Enter only one cause per	ine for (e), (b), and (c).]			ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Bronchopneumoni	a		Days.					
	DUE TO									
13		Arterioscleroti	a hannt dian	000	V					
	Conditions, if eny, which (b)	TI DEL LOSCIEL COL	C Hear o Grse	456.	Years.					
	(a), steting the underlying DUE TO	(a), stering the underlying								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY									
S	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) C.B.S.assoc.with cerebral arteriosclerosis with psychotic reaction.									
15	O.D.S. assoc.with celept	at at certoscret	OSTS MICH DS	yelloure reaction.	YES X NO					
JEI C	20a. EXTERNAL CAUSE WAS 20b. DESCR	IBE HOW INJURY OCCURED. (E	nter neture of injury In Pert	I or Pert II of item 18.)						
CERTIFICATION	PRIMARY OF CONTRIBUTING CAUSE OF DEATH.									
		INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm,	20f. (City or town) (0	County) (State)					
MEDICAL	Hour e.m. Whil		ory, street, office bldg., etc.)		(21616)					
ME	p.m. 19 et wo	rk et work								
	21. I certify that I took charge of the rem	nains described above, hel	d an Autopsy X, I	Inspection X, Inquiry X,	and in my opinion					
	death resulted from: Natural causes	Accident . Suici	de . Homicide	, Undetermined manner						
	0 . 34		CHIEF MEDICAL EX	KAMINER [7]						
	ACTUAL 7 //	100.1/	ACCICTANT MEDIC		DATE SIGNED					
	SIGNATURE JAMES	UPPEN	M.D.	The state of the s	DATE SIGNED					
	EXAMINER'S	1 36 70	DEPUTY MEDICAL	EXAMINER X	2/15/61.					
	NAME Type James T. Ma			ity, town, or county)						
22	REMOVAL (Specify)	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town, or cour	ntry) (Stete)					
5	2/18/196/	Daunh	1em	Il rome.	1Rd					
13	. FUNERAL DIRECTOR	ADDRESS //		D BY REGISTRAR 246. REGISTRAR	S SIGNATURE					
1	enoud Vouch	5305 HANS	ford DATE FEL	B 1 7 '61 arthur	S. France					
9_	france / acure	100) I DATE E							
	1/									

A SERVICE TO THE PROPERTY. CELLUL SERVICE DE LA COURSE DE LA COURSE . P. Jak AND THE RESERVE OF THE PARTY OF

FOR STATE TO DEPUT: MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any descriptions please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PAC. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removel, and in any even withmy 72 hours after death.

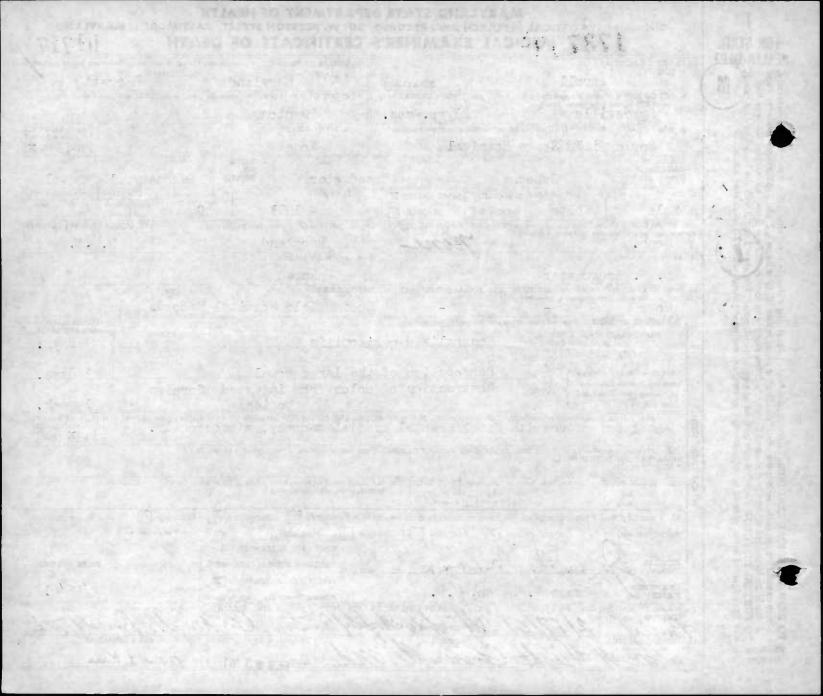
VS. A1SME 5M 7/S9

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

1737 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	. PLACE OF DEATH		2	2. USUAL RESIDENCE (Whare dacassed livad, If institution: Rasidence bafore admission)							
1		arroll		MARYLAN	ND	o. STATE Maryland b. COUNTY Garrett					
1		outside corporate limi giva naarast town)	ts,	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN	(If outside con	porata limits, writ	a RURAL and	give nearest town)	
	Sykesv			23yrs.9mos		Swant		11X-2			
	d. NAME OF HOSPIT	AL OR INSTITUTION (f not in hospi	ital, give street address)		d. STREET ADDRESS 0. IS RESIDENCE					
10	The second secon	field State	e Hosp	ital		None				YES NO	
1	NAME OF DECEASED	First		Middla		Last	4. DATE	Mont	1	Day Year	
	(Type or print)	Osbo				dwater	DEAT			14, 1961	
1	S. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. 0	DATE OF BIRTH		9. AGE (In years last birthday)			
	Male	White	WIDOWED	DIVORCED	7	- 191	11	49 yrs.	Months D	ays Hours Min.	
	Da. USUAL OCCUPATION			ND OF BUSINESS OR IND	DUSTRY	11. BIRTHPLACE (Stat	te or foreign co	ountry)	12. CITIZ	EN OF WHAT COUNTRY?	
	dona during most of wor None.	king life, aven if ratire	d)	man		Maryla	and		Ha Ing	U.S.A.	
-	3. FATHER'S NAME			100100	1 1	4. MOTHER'S MAIDER				U.D.R.	
B. F. Broadwater Unknown											
	S. WAS DECEASED EVE		CES? 16. S	OCIAL SECURITY NO.	17. INI	FORMANT	•	Address			
	Yas, no, or unkown) (If	yasgiva war or datas of s	ervica)			ringfield	Hospit.				
-	1 18. CAUSE OF D	EATH (Entar only ona	cause par lin	na for (a), (b), and (c).]	- P	AT THE TOTA	ODIVT 0	WILL INCOOL	CID	I INTERVAL BETWEEN	
П		WAS CAUSED BY:								ONSET AND DEATH	
		MMEDIATE CAUSE (a)	(ie	neralized p	erit	conitis				_ 3 days	
	5.7	DUE TO									
1	Conditions, if any,	which (b)	Pe	rforation o	of th	ne large bo	owel			3 days.	
Т	gava risa to immadia	OUT TO	Ob	struction o	of co	olon from i	ingeste	d forei	on		
	(a), stating the underlying cause last. (c) bodies								Pr.	l week.	
100	Mental De	fective wi	th dev	elopmental	crar	nial anomal	ly, mic	rocephal	у.	PERFORMED?	
TOTAL OUTSIDE	2Da. EXTERNAL CA PRIMARY ☐ or COI CAUSE OF DEATH.		Ob. DESCRIB	E HOW INJURY OCCUR	LED. (Enta	er nature of injury In Pa	art I or Part II o	of item 18.)			
_											
1001001	Hour a.m.	Monne, Day, 18	Whila	_Not While		, street, office bldg., at		17 61 10 111	(Count	(31018)	
1	Print	19	at work	البا لبا							
	21. I certify the	at I took charge o	f the rema	ins described above	e, held	an Autopsy X,	Inspection	Inqui	у 🔼,	and in my opinion	
	death resulted fr	om: Natural ca	uses X,	Accident,	Suicide	Homicide	∍ [], Ui	ndetermined m	nanner		
		1 7	SI			CHIEF MEDICAL	L EXAMINER				
	ACTUAL	acces &	In	areh/		M.D. ASSISTANT ME	EDICAL EXAMI	NER _		DATE SIGNED	
	EXAMINER'S					DEPUTY MEDIC	AL EXAMINER	TX		- 11 1 1 -	
1	NAME (Type)	James T.	Marsh	1, M.D.		Addrass (Streat	. city. town, or	r county)		2/15/61	
2	20. BURIAL, CREMATION	N, 226. DATE THERE	OF 2	2c. NAME OF SEMETER	RY OR CI			TION (City, town	, or country)	(Stata)	
	REMOVAL (Specify)	2/17/	5/ 6	fringfald &	Hospe	tal Cemelian	1	ykeow	1/1/2	und Jul	
-	3. FUNERAL DIRECTOR	10 01	11 1	ADDRESS 11	1	24a RE	EC'D BY REGIS	TRAR 246. REG	ISTRAR'S SIG	NATURE	
Y	72/4/4/	Haisk	16	menul!	n	11	10	1 0	Ilun 8. 9	Kantak	
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VR A15 (4) 1SM 9/59

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

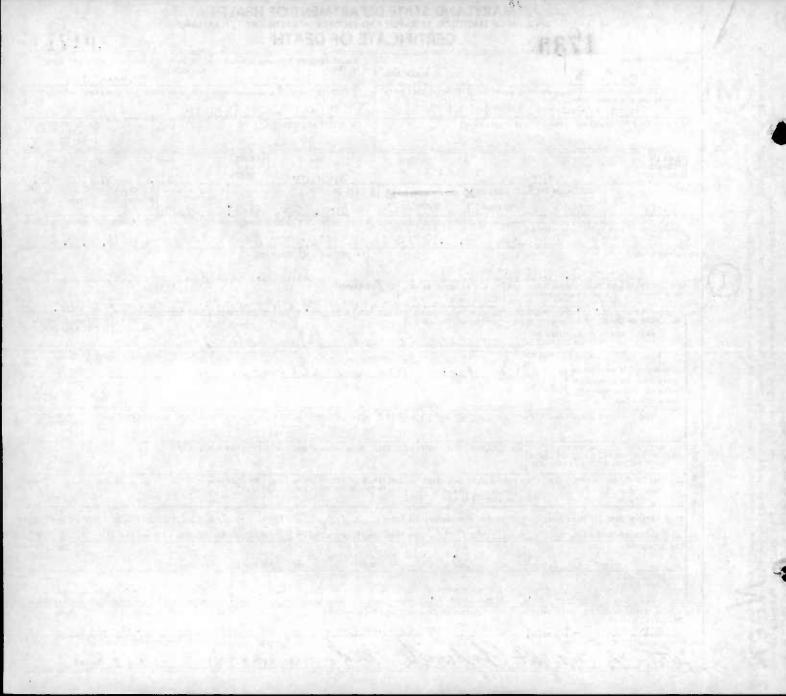
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1	AK	CERTIFICATE	OF L	ÆΑΙΠ
9	770			

1.	PLACE OF DEATH				2.	USUAL RESIDENCE ((Where decease		an: Residen	ce befare ad	mission)		
	-	rroll		MARYL	AND	Maryland b. COUNTY							
		f outside corporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN			URAL and g	give nearest	town)		
L	Sykesvill			21 years			imore C	ity					
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	give street	address)		d. STREET ADDRESS		3	Com	. IS O	RESIDENCE N A FARM?		
	Springfie	ld State H	ospit	tal		?			NO	YES	NO NO		
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mor	th	Day	Year		
L	(Type or print)	Ros		Α.		BYRNE	DEATH	2	-/	-	1961		
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	DX B. D	ATE OF BIRTH		9. AGE (In years lost birthdoy)		1 YEAR IF U	NDER 24 HRS.		
	female	white	WIDOW	'ED DIVORCED		1-20-81		80 yrs.	MOITINS	Days Ho	urs min.		
10	a. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St	ote or foreign o	country)	12. CITI	ZEN OF WH.	AT COUNTRY?		
	Housework	mg me, even it tentee	'			England	d			?			
	FATHER'S NAME				1	4. MOTHER'S MAIDE		HE (-)					
	Dennis B	TTNA				Cather	ine Mer	ricer					
15		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17, INFO		ING POL	Add	ress				
(Y	es, no, or unknown)	If yes, give war or dates of				01 77 0	1 1 77		1 2		163		
-	1				Spri	ngfield S	tate Ho	spital;	ykesv				
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:									ONSET A	ONSET AND DEATH		
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c) Br	concho-pneum	onia					day	vs		
	21	DUE TO)										
13	Conditions, if a	ny, which) "	. 41	rteriosclero	tic h	eart. dises	ase						
	gave rise to in	mmediote (OCTTOBOACTO	010 1	our o arbot	400						
1	cause (a), storing the under								years				
ATIO	PARI II. OIF	IER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEAT	IH BUT NO	I KELATED TO THE TE	KMINAL DISEAS	SE CONDITION GO	EN IN FAK	PE	REORMED?		
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DES	SCRIBE HOW INJURY OC	CURRED. (E	inter noture of injury	in Port I or Por	rt II of item 1B.)					
						**********	last in				40		
MEDICAL	20c. TIME OF INJUR Haur a.m. p. m.	Y Month, Day, Ye	ar 20d. While ot wa	Not while_	factory	OF INJURY (Hame, f , street, office bldg.,	etc.)	y or town)	(0	County)	(State)		
	21 I certify the	t (I) (this hasnita	1) atten	ded the deceased f	rom 11	/8/39	19, ta_	2/4/61	. 19	that (I) (we) last		
		ed alive an 2/		10	المالات عام	th accurred at 2							
п	22a. SIGNATURE	ed dive diE	EN JOS	, and I	par dea	n accurred at		the causes ar	a an the	e date sta	22b. DATE		
	III. SIGNATORE	Illio X	nararles	W.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		2	15/61			
	22c. PHYSICIAN'S					22d. ADDRESS			4.7				
	NAME (Type)	Ellis Mar	goli	n. M.D.		Sykesvi	lle, Ma	ryland					
23	a. BURIAL, CREMATIO	N, 23b. DATE THERE		23c. NAME OF CEMET	TERY OR C	REMATORY	23d. LOCA	TION (City, town,	ar county)	(Stote)		
	REMOVAL (Specify)	2/8/61		New Cathe	ednal	Cemeter	, Bal	timone	1	Manula	and		
24	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS			EC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIG	GNATURE			
	01 1	и 2000			. 0	DATE	FEB 8	61 0	Alun &	. Kraus			
· L	John A. I	bran 3000	1	altimore)	t. Bal	to.							

THE REPORT OF THE PARTY OF THE the second of the second secon multiple for the first metall metall out of the first metallic To the first of th

VR A1S (4) 1SM 9/59

	Store 7 Filled 2433 M 3-1-71 Jan DIVISION		PEPARTMENT OF IND RECORDS — BALTIN TE OF DEATH	HEALTH MORE 1, MARYLAND	01050
	1/31	CERTIFICA	IL OI DEATH		<u> </u>
	ACE OF DEATH COUNTY		2. USUAL RESIDENCE (Whe	ere deceased lived. If institution	: Residence before admission)
٥.	Carroll	MARYLAND	Marv	and b. county	Camboll
Ь.	CITY OR TOWN (If outside corporate limits, wr	ite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	itside corporate limits, write RU	RAL and give nearest lown)
	RURAL ond give negrest town) Finksburg-Rural	Life	Rural -	Finksburg	
d.	NAME OF HOSPITAL (If not in hospital, give st		d. STREET ADDRESS	TIMESPAIS	e. IS RESIDENCE
	OR INSTITUTION				ON A FARM? YES NO NO
3. N.	AME OF First	Middle	Last	4. DATE Month	Day 'ear
	(F11V		Caltrider	DEATH Feb	12. 1961
S. SE	6. COLOR OR RACE 7. A	MARRIED NEVER MARRIES	B. DATE OF BIRTH	9. AGE (In years	FUNDER 1 YEAR IF UNDER 24 HRS.
	Male White WID	OWED DIVORCED	Azza 25	1001 SO yrs.	Months Days Hours Min.
10a.	JSUAL OCCUPATION (Give kind of work done		STRY 11. BIRTHPLACE (Stote of	r foreign country)	12, CITIZEN OF WHAT COUNTRY?
~ 1	during most of warking life, even if retired)	U.S. Navy	Manuellar	3	TT C A
	ief Petty Ufficer	U.D. Navy	14. MOTHER'S MAIDEN N	1Q	U.S.A.
19. 17					
	Andrew J. Caltr		Ida /	A. Knight	
(Yes, 1	(AS DECEASED EVER IN U. S. ARMED FORCES? (a), or unknown) (If yes, give war or dates af service)	16. SOCIAL SECURITY NO. 117, I	NFORMANT	Addre	55
	Yes W.W.I & II	M	alvin J. Cal	trider Fin	ksburg, Md.
NO	PART II. OTHER SIGNIFICANT CONDITIO	ardiac Cars	lure, acco	value Hears	INTERVAL BETWEEN ONSET AND DEATH 1960 12 Jan 61 N IN PART 10119, WAS AUTOPSY
ATIO				7,621,021,031,031,031,031,031,031,031,031,031,03	PERFORMED? YES NO
≥ (Og. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort 1 ar Port II of item 18.)	I IS NO E
MEDICAL	Hour a.m.	Od. INJURY OCCURRED * 20e. Pl /hile Not while wark of work	ACE OF INJURY (Hame, farm, ctory, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
	1. I certify that (I) (this haspital) at	tended the deceased fram	1960,19	10/2 Jan	_, 19_6/, that (I) (we) last
- 1	saw the deceased alive an 12			A	an the date stated above.
-	220. SIGNATURE Howard	& Hell	ATTENDINGME		22b. DATE SIGNED
	PHYSICIAN'S NAME (Type) Howard E. H	Wall M.D.	22d. ADDRESS	prevelle,	ml
	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or	county) (State)
	REMOVAL (Specify)	-			
_	Burial 12-15-61	Providenc			aryland
24 F	INERAL DIRECTOR'S SIGNATURE	ADDRESS ~ All	7 250 DECIE	BY REGISTRAR 256, REGIST	RAR'S SIGNATURE



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N	ARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI	D
140	OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLANI CERTIFICATE OF DEATH	

1. PLACE OF DEATH o. COUNTY				2. USUAL RESIDENCE	CE (Where decease		on: Residence befo	ore admission)
Carr	coll		MARYLAND		aryland	b. COUNTY	Frederi	ck
b. CITY OR TOWN (III RURAL and give ne RuralSyke			of STAY IN 16			Frederic		arest town)
d. NAME OF HOSPIT OR INSTITUTION Springij	AL (If not in haspital, gi	re street oddress) Hospital		d. STREET ADDR	ESS	10	クメーシ	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Jessie		Middle irginia	Carpente:	4. DATE OF DEATH	Mon 1 2		9 1961
5. SEX	6. COLOR OR RACE			8. DATE OF BIRTH		9. AGE (In years		R IF UNDER 24 HR
Female		WIDOWED [DIVORCED [6-14-00		last birthday) 60 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATIO during most af wark	DN (Give kind af work di ing life, even if retired)	Housew		DSTRY 11. BIRTHPLACE Mary		country)	U.S.	A .
13. FATHER'S NAME	5 THE P. LEWIS CO., LANSING, MICH.	111	9.44	14. MOTHER'S MA	IDEN NAME			
William	Main			Annie	Graybill			
15. WAS DECEASED EVER (Yes, no. or unknown)	R IN U. S. ARMED FORC (If yes, give war ar dates of ser		-1 -0	pringfield	Hospital	Addi L records		ille, Md
CATIC	the <u>under-</u> DUE TO (c)						EN IN PART 1(a)	19. WAS AUTOPS' PERFORMED? YES NO
	CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE HOW		ED. (Enter nature af inj				
20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Day, Yea	While Nat wark ot war	hile fo	LACE OF INJURY (Ham octary, street, affice bld	e, farm, 20f. (Cit lg., etc.)	y ar tawn)	(County	r) (Stat
saw the deceas 22a. SIGNATURE 22c. PHYSICIAN'S	t (I) (this haspital) sed alive an 2-2-2 Rita S. Gla	19 196 1. fla	9	11-28 death accurred a M.D. ATTENDING PHYS. X	MED. DIRECTOR Spring!	2-19 the causes an staff physical State	d an the date	22b. DATE SIGNE 2-19-61
23a. BURIAL, CREMATIO REMOVAL (Specify) Burial	2-22-J		t. Oliv	or CREMATORY et Cemete		ation (City, town, crederick		(Stote)
24. FUNERAL DIRECTOR	S SIGNATURE	and C	Treder	che molos	REC'D BY REGIS	STRAR 256. REGI	STRAR'S SIGNATU	JRE CALLA

A . Of the contract of the con Thinking that the state of the state of COLVERNMENT OF THE PARTY OF THE minimum to the second A STATE OF THE PROPERTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	1. PLACE OF DEATH	1	The state of		2.	USUAL RESIDENCE	Where deceas			e befare	admiss	ian)
	o. COUNTY Carr	oll		MARYLAN	D	o. STATE Maryland b. COUNTY Carroll						
	b. CITY OR TOWN (II	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)				c. CITY OR TOWN (If autside carp	porate limits, write R	URAL and g	ive near	est tawn	1)
)	Svkesvill	- 1			9	X IInior	Bride	70				
	d. NAME OF HOSPIT	AL (If not in haspital, g	ive street		-	d. STREET ADDRESS				е	. IS RES	IDENCE
	or institution Springfie	ld State Ho	ospit	al) R.F.I	. 1	TO THE LOCAL				FARM?
	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Man	th	Day		Year
	(Type ar print)	Ell	Ls	Edwar	d	CRUSHONO		н 2	_	11		1961
	5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED] B. C	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Manths	Days	Haurs Haurs	Min.
	male	white	WIDOWE	DIVORCED []	3/5/82		78 yrs.	Ividinis	Loys	Tiddis	Will.
	10a. USUAL OCCUPATIO	N (Give kind af wark ing life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Ste	ate ar foreign	country)	12. CITI2	EN OF	WHATC	OUNTRY?
	Farmer	ang me, even it remee	TE	NANT FARI	MER	Maryla	and		U	.S.A		
	13. FATHER'S NAME	P 1 (20)	-		1	4. MOTHER'S MAIDE	N NAME					
1	Abraham	Crushong				Mary I)	DAYHOFE				
	1S. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO. 1	7. INFO	Al		Add	ress	15.16	400	
	(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	A CONTRACTOR	Spr	ingfield S	State F	Hospital R	lecord.	S		
Ī	1B. CAUSE OF DEA	Springfield State Hospital Records IB. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c).]										
		PART I. DEATH WAS CAUSED BY: Magantania Thrombodia										
	1160	IMMEDIATE CAUSE (a) MESERCATIC INFOMIDOSIS MOULS										
	430	Continue () Automissed energy discours										
	gave rise to it	nmediate	-	rterlosciero	616	neart dise	ease			, ye	aro	
		cause (a), stating the under-										
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY										
m	l ë l	WITH DSACHOFIC LESCOTOR.										
V	CBS asso	CBS assoc, with circulatory disturbance, with cerebral arteriosclerosis, YES NO I										
	OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)										
				lan			lan an					
	20c. TIME OF INJUR Haur a. m. p. m.		or 20d. If While	NJURY OCCURRED 20e Nat while		OF INJURY (Hame, for, street, affice bldg.,		ity ar tawn)	(C	aunty)		(State)
	p. m.	19	at war									
	21. I certify tha	t (I) (this haspital) attend	led the deceased fro	m	7-27	19.57, ta	2-11	19_6	1, the	at (I) (we) last
		ed alive an2		1961 , and the	at dea	th accurred at 7_	P.M. fran	m the causes ar	nd an the	date	stated	abave.
	22a. SIGNATURE	7	/	2 / 0	/		1111111					b. DATE SIGNED
	Lle	nisim	_ d	el Camp	O M.D	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			2-1	1-61
	22c. PHYSICIAN'S NAME (Type)	7				22d. ADDRESS						
		Aggustin	del C	ampo, M.D.		Sykesvi	lle, Ma	aryland				
	230. BURIAL, CREMATIO)F	23c. NAME OF CEMETER	Y OR C	REMATORY	23d. LOC	ATION (City, tawn,	ar caunty)		(Stat	le)
	BURIAL (Specify)	FEB 14-1	1961	REFORME	0	1	TA	NEYTOW,	N		1	70
1	24 FUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS	1		EC'D BY REG		STRAR'S SIC			
	N N Mar	la lie VE	Jour	Mow Wen	des	MATE	PED 14	'61 a	rthur S.	Than	A	
		1										

TO HOSPITAL VR A15 (4) 15M 9/59

. . . . A STATE OF THE PARTY OF THE PAR A VALUE AND THE REAL PROPERTY AND A SECOND example dispensive of teaching the first of the first The same of the sa AND MAINLY CHESTANE IN LINE SOME TO BE SEEN ATTO- IN THE HOLD AFFIRMED A STATE OF THE ST

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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- {	Ŧ	1	6	2	61

	PLACE OF DEATH	roll	0	MARYLAND	2. USUAL RES	Mary		d lived. If institution b. COUNTY			ore odmiss	· V
1		outside corporate limits		c. LENGTH OF STAY IN 1b		TOWN (If o	utside corpo	rate limits, write F				- N
	d. NAME OF HOSPITA	TILE AL (If not in hospitol, give Ifield State	street ad		d. STREET	ADDRESS	ltimor	e 13 nont Ave.	4	31		FARM?
	NAME OF DECEASED (Type or print)	First Marie		Middle Boesl		ist	4. DATE OF DEATH	Mor Febru		000	зу	Year 1961
-	sex Female	6. COLOR OR RACE 7.		DE NEVER MARRIED	8. DATE OF BIR	гн	1885	9. AGE (In years lost birthdoy) 75 yrs.			-	ER 24 HRS.
10a	. USUAL OCCUPATIO	l		IND OF BUSINESS OR INDU	JSTRY 11. 8IRTHE		or foreign co	17	12.CI	-	F WHAT O	COUNTRY?
13.	FATHER'S NAME				14. MOTHER	- 9						
	Joseph Bo	esl			J	ohanna	a					
15. (Ye		R IN U. S. ARMED FORCES If yes, give wor or dates of service	-1	0000 000 000 000 000 000 000 000 000 0	NFORMANT Sp	ringfi	ield H	ospital	ress Recoi	rds		
CERTIFICATION		mediote DUE TO (c)_ ER SIGNIFICANT CONDIT OC.WITH CET		entributing to death bu I arterioscle					VEN IN PA		Years	
MEDICAL CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I 20c. TIME OF INJURY Hour o. m.	CAUSE OF DEATH MEDICAL EXAMINER) Month, Doy, Year		URY OCCURRED 20e. P	ED. (Enter noture LACE OF INJURY octory, street, offi	(Home, form	, 20f. (City			(County)		(Stote)
ME	21. I certify that saw the decease 220. SIGNATURE 22c. PHYSICIAN'S NAMP (Type)	t (I) (this haspital) o	ittende	d the deceased fram. 1961, and that	M.D. ATTENDIR PHYS. 22d. ADD	NG MI	DAMfram ED. RECTOR		nd an th	ne date	2/17/	abave. b. DATE SIGNED
	BURIAL, CREMATION REMOVAL (Specify) BORIAL FUNERAL DIRECTOR'S	Fics 20, 19	61	23c. NAME OF CEMETERY OF ADDRESS	CEM.		D BY REGIST		or county	MATU		
4	assally M	verde Home.	140	Deray To.		DAILFL	M E U	1 4	Thurs &	, / Class	A/AS	

. NO district The Chile an popul attago nattaginat inte-PRINCE S the same of the sa The third state to the time of the said and the said of the said will be a come. It Harry III Louis State State State of the Control of

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

4 My 4 m

1. PLACE OF DEATH a. COUNTY	3773		MARY	LAND	2. USUAL RESIDENCE (Wh		d lived. If instituti b. COUNTY			admission)
Carr	Total other				Marylan				roll	
RURAL ond give no	f outside carporate limit corest town)	s, write	c. LENGTH OF STAY	IN 16	c. CITY OR TOWN (If o	utside corpo	prote limits, write R	URAL ond g	ive neares	it tawn)
1	esville		Life		Sykes	ville	9			
d. NAME OF HÖSPIT OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS					IS RESIDENCE ON A FARM?
	ma Road				Oklahom	a Roa	be			ES NO
NAME OF	Fire		Middle		Last	4. DATE	Mon	th	Day	Yeor
(Type ar print)	Sarah		Elizab	eth	Dorsey	OF DEATH	Feb.		17	1961
i. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🔲 B	DATE OF BIRTH		9. AGE (In years lost birthday)			UNDER 24 HRS
Female	Col.	WIDOWI	ED X DIVORCE	D	Aug. 25, 1	906	54 yrs.	Marins	Doys H	durs Min.
a. USUAL OCCUPATION	ON (Give kind of work of	lone 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLACE (Stote	or foreign c	country)	12, CITIZ	ENOFW	HAT COUNTRY
Housew	ing life, even if retired)		Than	0	Maryla	ha			U.S.	Λ
B. FATHER'S NAME	ala ala C		9,000		14. MOTHER'S MAIDEN N				0.0.	A.
	7.T						, =			
	Norris	crco la	COCIAL SECURITY NO	17 1815	Eliza ORMANT	Com	oasn Add			
	R IN U. S. ARMED FOR (If yes, give war or dates of se		SOCIAL SECURITY NO	. 17, INI		ACTOR O	Add	ress		
					Mr. James	Dors	sey Sy	rkesv	ille	Md.
18. CAUSE OF DEA	TH [Enter only one co	use per li	ne for (o), (b), and (c).],	211111111111111111111111111111111111111	- Tonas				AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Con	even H	eras	elosis He	Mule	mune		ONSET	AND DEATH
1 - 160	DUE TO		1		1	1			1	964
Constitution		0	1.0 200	. 1	11.	MIL	11-0001			to
Conditions, if a gove rise to i	mmediate	CAN	NW PIN	nac	aucese,	and	200	wes		27/1
cause (o), stoting lying cause lost.	the under-	di	still on	and de	•				11	7 fet 6.
	IER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TERMI	NAI DISEAS	SE CONDITION GIV	/EN IN PART	1(0) 19	WAS AUTOPSY
8	TER STOTAL TEATY COTT	JIIIO143 <u>4</u>	CONTRIBUTION TO DE	2011	TO THE TERM	TAL DISLA	se continued on	LIV IIV I AKI		PERFORMED?
THER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	(Enter nature of injury in I	Part I or Po	rt II of item 1B.)			
	Y Month, Day, Yea	r 20d. II	NJURY OCCURRED		CE OF INJURY (Home, farm		y or town)	(C	ounty)	(Stote
Haur a.m.	19	While	Not while	TOCT	ory, street, office bldg., etc.	.)				
	I man i i i i i i i i i i i i i i i i i i i				10.56	1	1771	/	1	
21. I certify tho	it (I) (this haspital	attend	11		12 7 3 7 19		1 rep			(I) (we) las
saw the deceas	sed alive an	DY	196L., and	that de	eath accurred Lit CEA	M, fram	the causes ar	nd an the	date st	
220. SIGNATURE	broard	5.	Agel		.D. ATTENDING MI	ED. RECTOR 🗆	STAFF PHYS.			22b. DATE SIGNEI
22c. PHYSICIAN'S					22d. ADDRESS	0 1	1. 5	1		
NAME (Type)	Howard E	. Ha	all M.D.		1	Lenn	ul, or	2		
30 RUPIAL CREMATIC	N. 23b. DATE THEREO		23c. NAME OF CEM	ETERY OF	CPEMATORY	234 TOCA	TION (City, town,	or county)		(State)
REMOVAL (Specify)						a 3		2.5-	20227 -	
Buria		1-		uke'	D COMO OCA		cesville	e, Ma		and
4. FUNERAL DIRECTOR	SSIGNATURE	14	ADDRESS	111		D BY REGIS		STRAR'S SIG	4.4	
111/100	W/1/9/	14 (Miller	Ull.	MAL DATE FE	823	oi a	while d.	runus	

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FOR STATE

HEALTH DEPT

director, Page fo your files. necessary, of Health. TO DEPUTY ALEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any copiese execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the fuper 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the Santor its designated agent, prior to burial, cremation, or removal, and in any every Whyin 72 hours after death. VS. A15ME

MARYLAND STATE DEPARTMENT OF HEALTH

STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 724

•	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institution	n: Residence before admission)
	Carroll	MARYLAND	a. STATE b. COUNTY	
1	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearast town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give neerest town)
1	litalunite-	Lefe	Constantiles	
	d. NAME OF HOSPITAL OR INSTITUTION (if not In	hospitel, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
	0 5		1 0-	ON A FARM?
	3. NAME OF First	Middle	Last 4. DATE Month	YES NO
	DECEASED	Middle	of a	Day Yeer
	(Type or print)	BETH	LLKINS DEATH JUL,	3 196/
	5. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	9. AGE (In yeers IF UNDE last birthdey) Months	
		WED DIVORCED	160 2. 1960 - yrs. 3	Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work dona during most of working life, even if retired)	. KIND OF BUSINESS OR INDUSTE	RY 11. BIRTHPLACE (State or foreign country) 12. (CITIZEN OF WHAT COUNTRY?
	Dufan	1.	Merylond	usa.
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Ceverelle Elkins		Centher I telles	LON
		16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
	(Yes, no, or unkown) Iliyesgivewarordatesofservice)	none	Rowett Eugen - Ry URM	lewish mi
	18. CAUSE OF DEATH [Enter only one cause p	ar lina for (e), (b), and (c),		I INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	in I want I st	(m. 1.1.7.	ONSET AND DEATH
	IMMEDIATE CAUSE (a) CC	ense justina	- Ty conor	1there
	DUE TO			
	Conditions, If any, which (b)			
	gava rise to immediate cause (a), stating the undarlying DUE TO			
	cause last. (c)			
		ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	RT I(e) 19. WAS AUTOPSY
	OE C 4. 12 man	1		PERFORMED?
	5 Sufficient - V?		Enter nature of injury In Part I or Part II of item 18.)	YES NO
	PRIMARY Or CONTRIBUTING	A -	The nature of injury in rail to rail to rail to them is.	
	1 001		on mouth with funds	
	0		CE OF INJURY (Homa, farm, '20f. (City or town) (C	ounty) (Stele)
	Hour a.m. W	work at work	frme Wishwish (Arrock Mit
	21. I certify that I took charge of the r	emains described above, he	old an Autopsy , Inspection , Inquiry ,	and in my opinion
	death resulted from: Natural causes	X, Accident , Suić	ide, Homicide, Undetermined manner	
	1 1 1 200	,	CHIEF MEDICAL EXAMINER	
	ACTUAL J. The	rel	ASSISTANT MEDICAL EXAMINER	DATE SIGNED
	SIGNATURE ACCULA	2 4 4	DEPUTY MEDICAL EXAMINER	
-	NAME UPPO	MARSH	Address (Streat, city, town, or county)	2-3-61
	228. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OF		try) (Steta)
	REMOVAL (Spacify)	medale	Brand Port P. 11	with it and
	23. FUNERAL DIRECTOR	ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S	SIGNATURE (VI).
	1 6 320 CA 1 10 A	to to	FEB 6 '61 Orthur &	
	X2-1 mune, 12 Mas	musel,	DATE CALLED	, / Walls

HIAMINGO STACHTETO ESTERNARE TA MORA EST ROOM - 1 1 3 m Agriculture from the state of t The state of the s ALL AND ALL AN

VS A15 (4) 15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1745 **CERTIFICATE OF DEATH**

Reg. Dist. No. 01725

1	PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY b. COUNTY
H	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give nearest town) WESTMINISTER YEARS WESTMINISTER ROUTE E
1	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS le. IS RESIDENCE
L	POUTES DENNINGS DENNINGS VES NO X
3	DECEASED 1/1 3 C 1 - C 1/1
5	(Type or print) A 2 1 19 (2) SEX 16. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.)
	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED AUG. 4-1884 9. AGE (In years lost birthday) 7. Months Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12.CITIZEN OF WHAT COUNTRY?
L	LABORER BY DAY MARYLAND 41A
1:	3. FATHER'S NAME
) -	UNKNOWN
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Ves. no. or unknown) (If yes, give wor or dates of service)
-	18. CAUSE OF DEATH [Enter anly ane cause per line for (a), (b), and (c).]
1	PART I. DEATH WAS CAUSED BY:
	IMMEDIATE CAUSE (a) Care in a ma Tosis Stomach Tear
	Conditions, if ony, which) (b)
	gave rise to immediate cause (a), stating the under-
	lying cause last. (c)
MOLE A CIBITOR	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
TICIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH
14.000	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20f. (City or tawn) (Caunty) (State) While Not while of work at w
	21. I certify that I attended the deceased fram 12/1/60, 19 to 2/11/61, 19 that I last saw the deceased
	alive an 2/10/6/, 19, and that death accurred at 30 M, from the causes and an the date stated above.
	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE M. E. Robertson M.D. Men hindson, met 2/11/61
	PHYSICIAN'S ME ROBERTSON WEW WINDSOR MD
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
	BURIAL 2/14/6/ SAMS CREEK CARROLL CO
23	3. FUNERAL PIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1/	ON Harrifury Some few Windson MADATE Conting & Know

TO ME ALEXANDER MONTH OF THE PARTY OF THE PA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1746

CERTIFICATE OF DEATH

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	Reg. Dist. 140.
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY
Carroll MARYLAND	mangland Carrell
b. CITY OR TOV/N (If autside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
Raral Westmater 10 yrs	Kron westming
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
33 Poole Road	1 33 Polle Rock YES NO
3. NAME OF DECEASED (Type or print) FERDINAND L.	FRICK 4. DATE Month Day Yeor OF DEATH FEB: 17 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
male white widowed DIVORCED	NOU. 1 1894 (ost birthdoy) Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	USTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
referred Larmer & Currenter	Curroll Co. m. M.S.a.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Brank Frick	Rebella Rosenherser
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no. or unknown] (If yes, give wor or dates of service)	INFORMANT Address
220-18-00077	no Ferdinand truck address
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Carcinoma	ONSET AND DEATH
A 4 O X DUE TO	77002
Conditions if any which)	
gove rise to immediate	
couse (o), stating the under-	
, (c)	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	YES NO
OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port t or Port II of item 18.)
	PLACE OF INJURY IHome, form, 20f. (City or town) (County) (Stote)
Hour o. m. 19 While Not while of work of work	octory, street, office bldg., etc.)
21. I certify that I attended the deceased from acquist	- 1960, to the 17 1961, that I last saw the deceased
1. 1.1 / 2	. / 2
alive on 1991, and that death	
ACTUAL V - 9 9/4 - 1 6)	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE TALLIES March	M.D. 105E Man 2v 2-17-61
PHYSICIAN'S JAMES T MARSH	Continuales my
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or caunty) (Stote)
Bureal 2/19/6/ Deer Par	16 Cemelin Rural lagatimente M
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECO BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
4.5. may be 100-	M. DAFFEB 21 '61 Chilling S. Kraus

D HOSPITAL & ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 havrs after death. Page 4 may be retained by the haspital or ottending physicion.

D FUNERAL CARECTOR: After this certificate has been signed by the attending physicion and completely filled in the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in any event within 72 mayer death. TO FUNERAL C

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TO HOSPITA

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	CERTIFICATE OF DEATH	x ,
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 1772

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2	CERTIFICATE	OF DE	ATH

						J 1	•					65
	PLACE OF DEATH	nnoll		MARYLA	- 11	USUAL RESIDENCE (Va. STATE		d lived. If in b. CO	JNTY			missian)
		arroll					rland			ltim		
	RURAL and give ne	f autside carporate limit earest tawn)	ts, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (I	outside corpo	orate limits, w	rite RUR	AL and giv	re nearest	lown)
	Sykes	sville		4 yrs	310	Sparr	OWS F	Point			0 -	2 /
	d. NAME OF HOSPIT.	AL (If not in hospital, g	ive street	address)		d. STREET ADDRESS	ONG-1	VIII V			e. IS	RESIDENCE
	OR INSTITUTION	Musacina 1	U a m a			911 1	Str	eet				N A FARM?
	Lingers	Nursing					7	000				
3.	NAME OF DECEASED	Fire	st	Middle		Last	4. DATE OF		Manth		Day	Year
-	(Type ar print)	HORACE		LEE		GILBERT	DEATH		FH	B	11	1961
5. 9	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In			YEAR IF U	NDER 24 HRS
	Male	White	WIDOWI	and the second s	7	5-14-1867	7	last birth	yrs.	Manths D	ays Ha	urs Min.
100				KIND OF BUSINESS OR I	MOUSTRY		familia	93	7.3.	In CITIZE	TALOF WALL	AT COUNTRY
100	during mast af wark	ing life, even if retired)	dane 106.	KIND OF BOSINESS OK I	NDUSIKI	II. BIKIHPLACE (STO	re or roreign o	country)		12. CITIZE	N OF WH	AT COUNTRY?
	Foren	nan	Be	th Steel C	0.	Marylar	ıd			U.	S.A.	
13.	FATHER'S NAME			LEW HATE		4. MOTHER'S MAIDEN	NAME					- 14
	Char	cles Gilb	ert			(Unkno	wn)	Cove	n			
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR			26 Y		4 - 0		100
(Ye		(If yes, give war or dates of se		2 006 0777	Tr.		1		OLV			
	no			2-006-0173	ve	nneth Gi	bert	Balt	. 20	, Ma	ryla	nd
	10000	TH [Enter anly one car	use per li	ne far (a), (b), and (c).]	/	/	7	- 1	33. 11			ND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	9-	+ east	72	a omti	. c	at.	07	1		
	44	3 DUE TO				1	1	1				
	Canada and Man			101	1 ~	1 46	offen	Lens	-01			
	Canditians, if ar			Class a	ug	E. 4 100	41100	170	26	orc		
	cause (a), stating t					/					1.000	
	lying cause last.	(c)										
Z	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TER	MINAL DISEAS	E CONDITIO	N GIVEN	IN PART I	(a) 19. W	AS AUTOPSY
ATIC				2	21							RFORMED?
CERTIFICATION	20- ACCIDENT WA	C LINIDERIVING I	20h DES	CRIBE HOW INJURY OCC	LIBBED /F		- Post I as Par	at 11 of Stem 1	D 1		163	□ NO D
ERTI	OR CONTRIBUTING	CAUSE OF DEATH	200. DE3	CKIBE HOW INJURY OCC	OKKED. (E	nter nature at injury i	n ran i ar ra	I H UI HEM I	5.,			
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)			110							
MEDICAL	20c. TIME OF INJURY	Y Manth, Day, Yea	or 20d. II	NJURY OCCURRED 20	e. PLACE	OF INJURY (Hame, fa	rm, 20f. (Cit	y ar tawn)		, (Ca	unty)	(State)
ED	Haur a.m.	19	While at war	k at wark	ractary	, street, affice bldg., e	fc.)		X			
2	p. m.	, ,	ui wui	K dr wdrk		2 0			1	-		
	21. I certify tha	t (I) (this hospital) attend	led the deceased fro	m/_	- 20 1	259, to_	2-1	2	., 19.6/	, that (I) (we) last
	saw the deceas	ed alive an 2	-11	19_6/ and th	at deat	h accurred at Z	AM, fram	the cause	s and	an the	date sta	ted abave.
	22a. SIGNATURE	. ^			A M		7.1				100	22b. DATE
	mo	A			AA D	ATTENDING PHYS.	MED.	STAFF PHYS.	1			SIGNED
	22c. PHYS. CIAN'S DIRECTOR PHYS. D									/		
	NAME (Type)	on 1 C-	TA	110 1=		- 1	Y a .	of	21	4		/51
		04.63	10	/ -		121 -1	22 3m	001	113	UN 7	nn	13000
23a	BURIAL, CREMATIO	N, 23b. DATE THEREO	F	23c. NAME OF CEMETE	RY OR CE	REMATORY	23d. LOCA	TION (City, t	awn, ar	caunty)	((State)
	REMOVAL (Specify)	2.71. 7	063	TuTo a transaction			I	Balrin	ore	Mar	vlar	1d
24	FUNERAL DIRECTOR'S	S SIGNATURE	AOT	ADDRESS CONTRACTOR	omo	tory 250 PE	C'D BY REGIS			RAR'S SIGN		
		rooks Bra	27 27	Inc. Bal	t 22	MA						
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	1730	CEI	CHICA	IE OF DEATH			(IN U IL
1. PLACE OF DEATH a. COUNTY	Carroll		MARYLAND	2. USUAL RESIDENCE (Who a. STATE Maryl	ere deceased lived	I. If institution: R b. COUNTY Ba	desidence before admission)
B. CITY OR TOWN RURAL and give	(If outside corporate limits, negres trawn) VIITE		days	c. CITY OR TOWN (If or Baltim		mits, write RURA	L and give nearest tawn)
d. NAME OF HOSP OR INSTITUTION Sprin	ITAL (If not in hospital, give gfield State	street address) Hospital		d. STREET ADDRESS	22nd St	•	e. IS RESIDEN ON A FAR! YES NO
3. NAME OF DECEASED (Type or print)	First Betty		Middle	Gillis	4. DATE OF DEATH	Month Februar	Day Year 28, 1961
Female	6. COLOR OR RACE 7. White w		MARRIED	B. DATE OF BIRTH April 1, 191	9. AC		onths Doys Haurs M
Oa. USUAL OCCUPATI during mast of wo None	ION (Give kind of work don rking life, even if retired)	e 10b, KIND OF BUSII	NESS OR INDU	STRY 11. BIRTHPLACE (Stote of Connect			U.S.A.
3. FATHER'S NAME				14. MOTHER'S MAIDEN N	AME		
- Man					remmitze		
(Yes, no. or unknown)	ER IN U. S. ARMED FORCE: (If yes, give war ar dates of service			MFORMANT Springfield H	ospital	Records	
	immediate DUE TO	Pneumonia Cardiac Acute Ne	and se				1 wook
Schizop!	hrenic reacti	on, catato	nic typ				N PART 1(0) 19. WAS AUTO PERFORMEE YES NO
	G CAUSE OF DEATH Y MEDICAL EXAMINER)			D. (Enter noture af injury in F			
Y 20c. TIME OF INJU Haur a. m. p. m.	10	20d. INJURY OCCURR While Nat while at wark at wark	£	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.	, 20f. (City or to	wn)	(Caunty) (S
				Jan. 30, 19. leath accurred at 9:1			in the date stated abo
72c. PHYSICAN'S NAME Type)	Agustin de	el Essa.	po D.	22d. ADDRESS	RECTOR PH	AFF. □ x al, Syke	2/28/61 ^{226.DA} 2/28/61 esville, Md.
23a. BURIAL, CREMATI REMOVAL (Specify		Ba. Thy	OF CEMETERY O	LEBYEN CEM.	23d. LOCATION Balt	(City, tawn, ar co	ounty) (State)
Daved A	" Harlin	1902 Eul	tair Pl	AGO DATE	REGISTRAR		R'S SIGNATURE M S. Kraus

ter death. Page 4 Then please remove carbon papers. Pages 1 and 2 should be filed with e funeral directar, moy be retoring 4 by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in bigge 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the State Board of Health priar to burial, crematian, ar remaval, and in ony event, within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours TO HOSPITA

VR A15 (4) 15M 9/59

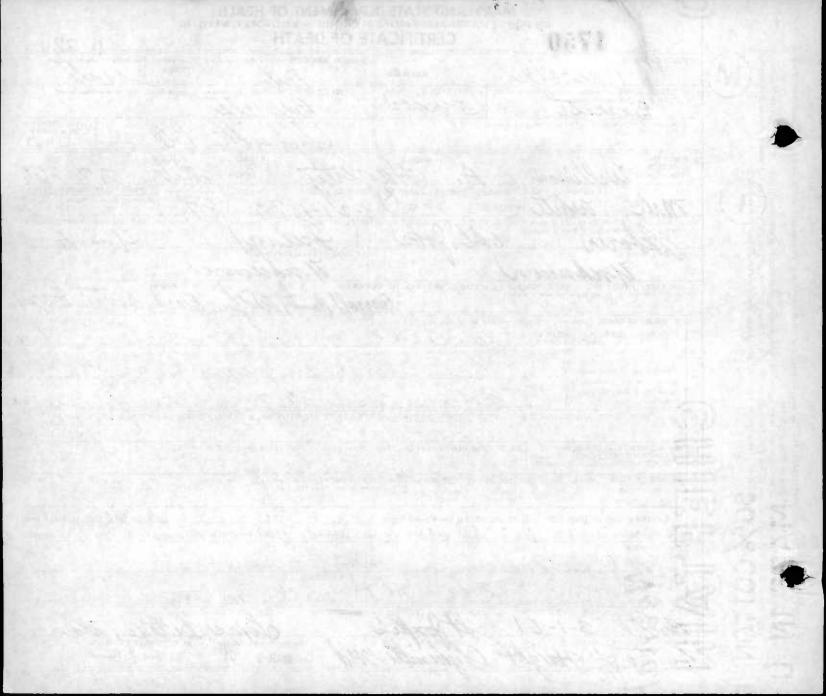
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TO HOSPITAL

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MARYLAND STATE DEPARTMENT OF HEALTH

		ND RECORDS — BALTIMORE 1, MARYLAND TE OF DEATH	01720
1.	PLACE OF DEATH O. COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where receased lived. If institution: Residence o. STATE b. COUNTY	before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SURVEY SURV	CCITY OR TOWN (If autside corporate limits, write RURAL and give	e nearest town)
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS LEVELLE Pell,	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) William A. Ha	gerty 4. DATE OF DEATH RIV.	27 196/
	Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8-21-1873 87 yrs. Months D	loys Hours Min.
	during most of working life even if retired)	Ireland 4	S. A.
	Taknown)	14. MOTHER'S MAIDEN NAME MARKOZON	
	es, no, ar unknown) (If yes, give war or dates of service)	erroll County Welface Beared Wes	minter my
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	treomfinsalio	ONSET AND DEATH
	Conditions, if any, which gave rise to immediate (b).	and Isions. +	Zzars C
7	lying couse last. DUE TO (c) ad round	ord agr - Prog	ressir
FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT		PERFORMED? YES NO
CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED) Hour o. m. p. m. 19 While Not while of work at wark	ACE OF INJURY (Home, farm, 201. (City or tawn) (Coctory, street, office bldg., etc.)	unty) (Stote)
	21. 1 certify that (1) (this hospital) attended the deceased fram saw the deceased alive an	2-1 1915 to $2-27$ 196 death accurred at 9.5 W, from the causes and an the	
		M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) N. C. Stone m.	D Westmoster	
23	BERIOVAL (SPECIFY) 3-1-6/ THEREOF 23c. NAME OF CEMETERS OF CEMETER	Veras, Bello Co.	Med.
24	FUNERAL OFFICETOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGN DATE AR 2 '61 Outland 8. H	



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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FOR STATE HEALTH DEPT

TO DEPUTY (IEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any does search, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funes, director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, gremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 175 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (W			ce before edmission
Carroll	MARYLAND	a. STATE Marylan	b. COUN	Balto	.City
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside			
write RURAL and give neerest town) Sykesville	2vrs.lmonth	Baltimo	re	3110	1 -4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hos		d. STREET ADDRESS	1.0		. IS RESIDENCE
Springfield State Hospita	1	717 N. Char	les Street		ON A FARM?
3. NAME OF First DECEASED	Middle	Last 4. D		Day	Yeer
	lynson Bush		Febru	ary 10.	19 61
5. SEX 6. COLOR OR RACE 7. MARRIE		B. DATE OF BIRTH	9. AGE (In years		IF UNDER 24 HRS.
Female White WIDOWE		March 26, 1879	last birthdey)	Months Deys	Hours Min.
1Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	IND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN O	F WHAT COUNTRY
Nursery school teacher		Missouri		U.S	.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
Christian Bush		Etta Hodgk	in		
(Vor no or unknym) (Ifvernivewerordaterofeenvise)	SOCIAL SECURITY NO. 17.	INFORMANT	Address		
No = 216	5-Q1-2511 S	pringfield Hosp	ital Record	s	
18. CAUSE OF DEATH (Enter only one cause per l				INT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	lateral bronch	hopneumonia with	multiple	_	week.
DUE TO	abscesses			TO COMPANY	NCUL
	-terrioselonoti	c cardiovascular	dicasca	v	ears.
geve rise to immediate ceuse	- oel lusciel out	C Car UIOVASCUTAI	dTSEase.		carse
(e), stating the underlying DUE TO				100	
	TRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DI	SEASE CONDITION GIVE	FN IN PART 1(a) 1	9. WAS AUTOPSY
2 C.B.S.assoc.with senile (Alzheimer's Disease.)	brain dis. with	n psychotic reac	tion.	0.00	PERFORMED?
(Alzneimer's Disease.)		atoma. Enter neture of injury in Pert I or P		1	YES 1 NO 1
Part I other significant conditions conditio	t fell during	a convulsive s	eizure.		
3 20c. TIME OF INJURY Month, Dey, Year 20d.	,		f. (City or town)	(County)	(Stete)
20c. TIME OF INJURY Month, Dey, Year 20d. While 7 AM p.m. 11/28/60 et wor		lospital S	vkesville	Carrol	Md.
21. I certify that I took charge of the rem			ction X Inquir		in my opinion
death resulted from: Natural causes		cide , Homicide ,	Undetermined ma		
		CHIEF MEDICAL EXAMI	NER 🗌		
SIGNATURE LAUGES J. TI	(xxx6)	M.D. ASSISTANT MEDICAL E	XAMINER [D	ATE SIGNED
EXAMINER'S James T. Mars	h. M.D.	DEPUTY MEDICAL EXAM			2/10/61
22e. BURIAL, CHEMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		LOCATION (City, Iown,	or country)	(State)
BURIAL 2-13-61	St. Thomas Chu	rch Cemetery	Croom, Man	rvland	
23. FUNERAL DIRECTOR	ADDRESS		REGISTRAR 24b. REGI		JRE
William Cook, Inc., 1217	St. Paul Stnoo	t cen	1 4 '61 6	7-1-04	
LITTERIA OCOK, THOO, TOTA	or Tant Deleg	T DATE	1 7 01	Irthur S. H	taus

The trought of the second of t A STATE OF THE PROPERTY OF THE PARTY OF THE - Charles The Park III wells 'nomi , the said reflection is the restauration of the con-Exany THE STATE OF THE S A TENEDS OF BUILDING AND A STATE OF A STATE The state of the s 22 AND E 2-11-61 D. Taomos Church Vennery Creen, Torrest the transfer of the state of the sta ALLEY FELLER

VR A1S (4) 1SM 9/S9

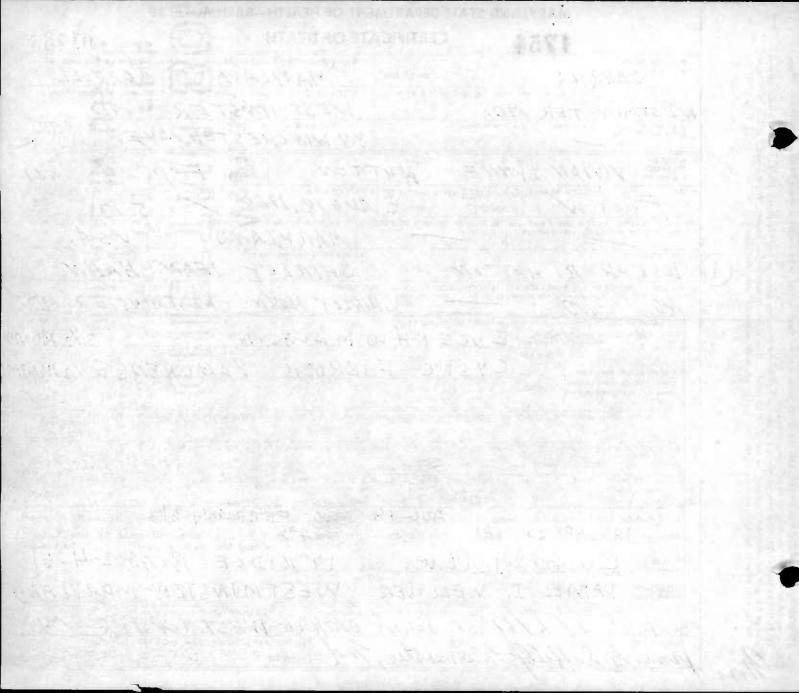
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

01	732	
		ī

1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased		an: Residence	e before o	dmission)
o. COUNTY	Carroll		MARYL	AND	o. STATE Mary.	land	b. COUNTY	Mont	gome	ry /
	f autside carporate lim	its, write	c. LENGTH OF STAY II	N 1b	c. CITY OR TOWN (I	If outside corpor	rate limils, write R	URAL and gi	ve neares	lawn)
RURAL and give no	ykesville		36yrs.2mo.	3da.	Rockv	ille, M.	aryl and			
d. NAME OF HOSPIT	AL (If not in hospital, g	give street			d. STREET ADDRESS		10		e. 1	S RESIDENCE
or institution Springfie	eld State H	Iospi	tal				15.	X -6		ON A FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mon	th	Day	Year
(Type ar print)	Lucy	r		HU!	rchinson	DEATH	Februa	ry	2	1961
5. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIE	8 🔲 0	DATE OF BIRTH		9. AGE (In years last birthday)	_	_	UNDER 24 HRS
Female	White	WIDOW	/ED DIVORCED		1890		70? yrs.	Monnis	Jays II	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	. KIND OF BUSINESS OR	INDUST	RY 11, BIRTHPLACE (Sto	ate or fareign co	ountry)	12. CITIZ	EN OF W	HAT COUNTRY
Housework		"			Maryl	and		U.	S.A.	
13. FATHER'S NAME			The state of the s	1150	14. MOTHER'S MAIDEN	NAME				
Frank Ni	ichols				Sallie N	icholso	n			
15. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INF	ORMANT	5-3-F-E	Add	ress		
(Yes, no. or unknown) NO	(If yes, give war ar dates of	service)		H	ospital rec	ords.				
18. CAUSE OF DEA	TH [Enter only one co	ouse per l	ine far (a), (b), and (c).]					15 3	INTERV	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	, B	ronchopneum	onia					24	hours.
204	A DUE TO						2011			
Conditions, if a	ny which)	M	yeloid leuk	emia					3	years.
gave rise to i	mmediate C	•								
lying couse last.	rne <u>under-</u>								100	
		DITIONS	CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TER	RMINAL DISEASI	E CONDITION GIV	VEN IN PART	1(a) 19.	WAS AUTOPSY
Epilepsy	with menta								F	PERFORMED?
PART II. OTH Epilepsy 20a. Accident was or contributing (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OC	CURRED	(Enter nature of injury	in Port I ar Port	I (I of item 18.)			
NO 20c. TIME OF INJUR	Y Manth, Doy, Ye	ar 20d.	INJURY OCCURRED		E OF INJURY (Home, fo		ar tawn)	(C	aunty)	(State
20c. TIME OF INJUR Hour a. m. p. m.	19	While at wa		fact	ary, street, affice bldg.,	etc.)				
				. 37	00	01	77-1-0	(7		
			ded the deceased t							
	sed plive on Fe	20.2	101., and	that de	oth accurred at 10	P.M. fram	the causes ar	d an the	date st	
22a. SIGNATURE	The M	1 an	nin	M	.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			226. DATE SIGNE 2-3-61
22c. PHYSICIAN'S NAME (Type)		1		1.4	22d. ADDRESS	Springf	ield Sta	te Hos	spita	1
TVAME (Type)	Ilse Kamr	n, M.	D.		Sykesvi	lle, Ma	ryland		^	
23o. BURIAL, CREMATIC	N. 23b. DATE THERE	OF	23c. NAME OF CEME	TERY OR	CREMATORY	23d LOCA	TION (Cily, lown,	ar caunty)	4	(Ştote)
SEMOVAL (Specify)	1/9/10	1	Forest 1	An A	lem.	da	Think	111	M	1
24. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	_ letur [iii	26p. RI	EC'D BY REGIST	RAR 25b. REG	STRAR'S SIG	NATURE	STATE
111:01:	23 1	1/1-	- Am.	1 1 10	1 Vormal date	FEB14	61 0	ribut 1.	Thouse	5

manifold guide familia to the control of the control of and the transfer of the second and the second of the second o there are \$700 to a comparate and the contribution of the COV and the State are the contribution of the second

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	1754 CERTIFICATE OF DEATH Reg. Dist. No.() 173;
1	PLACE OF DEATH a. COUNTY CARROLL MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY CARROLL
1	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) WESTMINSTER MD.
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 88 WINCHES TER AVE. 6. IS RESIDENC ON A FARM YES \(\sum \) NO
3.	NAME OF DECEASED (Type or print) VIVIAN LYNNE HUTTON 4. DATE OF DEATH FEB. 4 196
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AUG 18, 1960 9. AGE (In years lost birthday) WIDOWED DIVORCED Months Days Hours Mi
10	On USUAL OCCUPATION (Give kind of wark done during most of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) MARYLAND.
I	JOSEPH R. HUTTON SHIRLEY JEAN HAHN
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (et. no. or upknown) (If yes, give wor or dates of service) SWINLEY WALLY - WESTMINSTER, MI
	18. CAUSE OF DEATH [Enter only ane cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which (b) C Y STIC FIBROSIS PANCREAS 5 1/2 MO.
20	TENTONNED
O	YES NO 20a. ACCIDENT WAS UNDERLYING DONE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
MEDICAL	
	21. I certify that I attended the deceased from AUG-18, 1960, to FEBRUARI 4 1961, that I last saw the decea alive an JANUARY 20, 1961, and that death accurred at 44 AM, from the causes and an the date stated about
1	ACTUAL SIGNATURE Daniel Lyolliver M.D. 19 RIDGE ROAD 2-4-6
	PHYSICIAN'S DANIEL I WELLIVER WESTMINSTER MARYLA
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) BURIAL (Specify) 2 6 6 5 5 JOHN'S CATHOLIC WESTMINSTER
	D. FUNERAL DIRECTOR'S SIGNATURE 240. REGISTRAR'S SIGNATURE



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, Il institution: Residence before edmission) is necessary, director, Page or your files. a. COUNTY of Health, a. STATE b. COUNTY Carroll MARYLAND Mary and b. CITY OR TOWN (il outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town Rura 1 Keymar 1 year Rural Keymar 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Po Boar d. STREET ADDRESS in pencil in Item 18. Give Pages 1, 2, and 3 to the fund. Office along with form PM3. Page 5 may be retained State | death. NAME OF Middle 4. DATE Month DECEASED OF the (Type or print) KSON DEATH Feh with B. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) WIDOWED DIVORCED 2 Male Dec. 13 and Oa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Office along with form PM3. Page burial-transit permit. File pages 1 and done during most of working life, even if retired) pages 1 a Truck driver Transport Kentucky 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MEDICAL EXAMINER: This certificate should be executed within 24 William H. Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Della Miniard 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unkown) | (Ilvesgivewerordalesolservice) Mr. John Jackson, Lexington Park, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), 2 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) WOUNDS CHEST and LINSHOT DUE TO removal, (b) "pending" geve rise to immediate cause Medical Examiner's chould be used as a DUE TO (a), slating the underlying 0 cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19, WAS AUTOPSY CERTIFICATION lease execute the certificate, writing the word should be forwarded to the Chief Medical E. FUNERAL DIRECTOR: Page 3 should be rits designated agent, prior to burial, cremating 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury In Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING MEDICAL 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, form, 20f. (City or lown) Month, Day, Year lectory, street, office bldg., etc.) While Not While Ley Man 61 el work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry death resulted from: Natural causes Suicide Undetermined manner Accident Homicide N CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S DEPUT NAME (Type) Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specily) 0 240 p Harlan, Harlan County, Removal March 23. FORERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME .Fuss & Son a-Thur & Krous 5M 7/59 Taneytown, Maryland DAMAR 3

MARYLAND STATE DEPARTMENT OF HEALTH

Carroll

Dey

Devs

U.S.A.

(County)

Months

IS RESIDENCE

ON A FARM?

YES X NO

19

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO T

(State)

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

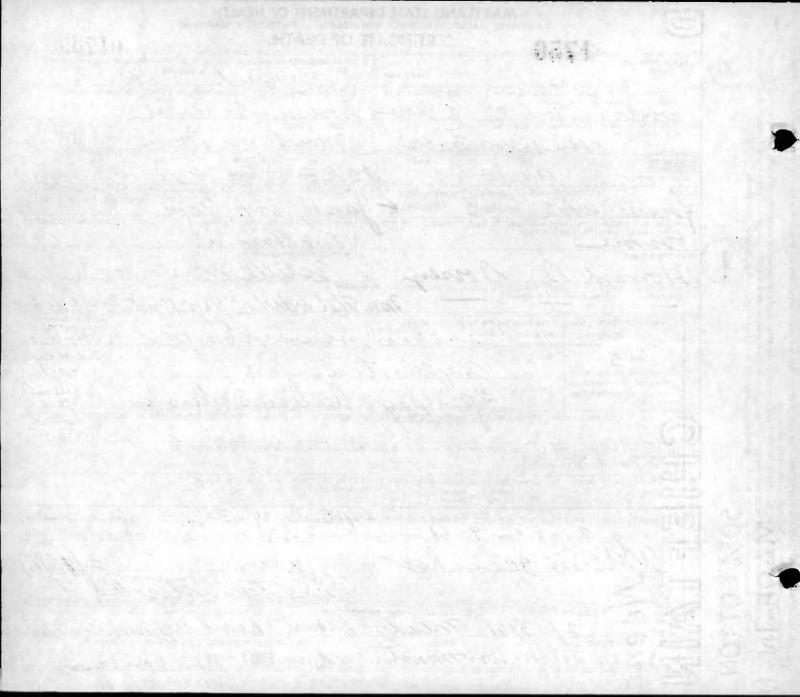
IF UNDER 24 HRS.

trown or a long-Ic. de de la company Canada Anton II The Alberta

	1	
24 hours feer death. Page 4	lled in by the funeral directar, is 1 and 2 should be filed with	Ŧ.
t the death certificate be executed within	the attending physician and campletely fi Then please remave carban papers. Page	and in any event, within 22 hours after dea
TO HOSPITAL ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 havring the death. Page 4	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, and the followith pages 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filled with	the State Board of Health prior to burial, cremation, or removal, and in any event within 22 hours after death.
TO HOSPITAL	TO FUNERAL D	the State Boar
15	M 9/59	

MARYLAND STATE DEPARTMENT OF HEALTH

1	DIVISION OF STATISTICAL RESEARCH A	
	1756 CERTIFICA	TE OF DEATH 01735
	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY Carryl MARYLAND	o. STATE manyland b. COUNTY Carroll
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	c. CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town)
1	Westminster RD 5 years	(hypothymenter (Renal)
1	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	OR INSTITUTION near hanni mills	mean mills ON A FARM? YES NO IN
	3. NAME OF First Middle	Last 4. DATE Month Day Yeor
	Type or print) ANNIE	JOYCE DEATH Feb. 9 1961
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min
	Lemale white WIDOWED DIVORCED &	Jan 18 18947 lost birthdoy) Months Doys Hours Min.
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	nme	Ballmore 9.54.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Howard D. Dorsey	Istelle Marlow
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address Address
	- M	10. Whel Welhelm High Point Pushahan
	18. CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (o)]	1 INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Hemorrhoge 4 hus
	553 2 DUE TO	a Several
	Conditions, if ony, which (b) Heple	Tension 415
	gove rise to immediate	
	lying couse lost.	+ Untilis Scheroses Just
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or Port II of item 18.)
	OR CONTRIBUTING I CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote)
1	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of work	ctory, street, office bldg., etc.)
	21. 1 certify that (I) (this haspital) attended the deceased fram.	Deptember 1959, to Felig , 1961, that (1) (we) last
	saw the deceased give an Fell 9 1961, and that a	death accurred at 3 AM, fram the causes and an the date stated above.
	220. SIGNATUSE	22b. DATE
	When Jeecher	M.D. ATTENDING MED. STAFF PHYS. SIGNED
	22c. PHYSYCIAN'S NAME (Type)	22d. popless
		Wishunster ma
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	DR CREMAJORY 23d. LOCATION (City, town, or county) (State)
	Benoval (Specify) 2/13/61 Meadon	N Branch Rural Montamenter med
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	4.5. muses, b. Westmuster	MA DATE FEB 1 4'61



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1757 CERTIFICATE OF DEATH

4)	1	1	57	13
-11	1	6	U	0

)	1. PLACE OF DEATH a. COUNTY CO	
	b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest lown)	
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENT ON A FARM YES JI NO	W.
		<u>=</u>
	(Type or print) IDA - BEATRICE-KIBLER DEATH / Set / 19	61
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED SOLVER DIVORCED NOTICE 1 SOLVER SOL	HRS. Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNT during mast of working life, even if retired)	UTRY?
	13. FATHER'S NAME	
)	Jacob Kibler amanda Kiakard	
	15! VAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes Ino. or unknown) The ses, give war or dates of service) Mo Min auchiesty Management of the service of service) Months and the service of the s	1
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMODIATE CAUSE (b) IMMODIATE CAUSE (c)	4
ř	602X DUE TO	
H	(conditions, if ony, which) (b) I rephyslithians (nt Ridney) 1 yr	
	gove rise to immediate cause (o), stating the under-	
	lying cause last. (c)	
'n	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTO PERFORMED	DPSY D?
)	3 /hydronephrous - YES NO	0
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO PERFORMED 20a. ACCIDENT WAS UNDERLYING ROB. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
9	France stock office blds of A	Stote)
٩	Hour a. m. While Not while factory, street, office bldg., etc.) p. m. 19 of work at wark	
	21. I certify that (1) (this haspital) attended the deceased from Jand 8 1953, ta Fat 1 1961, that (1)(we)	last
	saw the deceased alive an 31 Jen 1961, and that death occurred at 5 ft.M, from the causes and an the date stated about	
	22a. SIGNATURE ATTENDING MED. STAFF SIGN	SNED
	22c. PHYSICIAN'S NAME (Type) WHFO Ard MD 22d. ADDRESS NAME (Type) WHFO Ard MD MANCHES ter, Md 2/1/6	61
	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOGATION (City, Town, ar county) (State)	
	24. CONERAL DIRECTOR'S SIGNATURE, tou Haus pate of ADDRESS pate of 1960. REGISTRAR'S SIGNATURE Of FEB 2 161 Carling S. Frank	

16110 WHICH AD MANCHET COUNTY

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1758

01737

	1. PLACE OF DEATH O. COUNTY Carroll MARYLAND				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY						
	RURAL and give ne	outside corporate limorest town) n. Maryla		c. LENGTH OF STAY		c. CITY OR TOWN (IF Balti		rote limits, write R	SV V	ive nearest to	own)
1	d. NAME OF HOSPITA	AL (It of in hospital, s	give s' eet d	address)		d. STREET ADDRESS		10.130.1		e. IS	RESIDENCE
met.	Henryt	on State	Hospi	tal		1120	Etting	Street	;	YES	□ NO ₩
	NAME OF DECEASED (Type or print)	Glenn	ie	Middle Ma e		King	4. DATE OF DEATH	Moj	Sth	12	Year 1
5. 5	Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE		anuary 15,	1935	9. AGE (In years last birthday) 26 yrs.		Days Hou	NDER 24 HRS.
100	USUAL OCCUPATIOn during most of work Housewif	ing life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUSTR'	North C	1 1 1 1 1 1			S. A	AT COUNTRY?
13.	FATHER'S NAME		1		1 1	4. MOTHER'S MAIDEN	NAME				- 102-1
	Unkn	own			000	Bertha	Willia	ams			
15. (Ye	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or dates of	ervice)	SOCIAL SECURITY NO.		ennie M. K	ing -		lress		hele
CERTIFICATION	Conditions, if or gove rise to in couse (a), stoting lying couse lost. PART II. OTH	the under- ER SIGNIFICANT CON	cav	ontributing to DE	ght -	y tubercul left pneu TRELATED TO THE TERM	AINAL DISEAS	tomy	VEN IN PART	1(o) 19. WA	AS AUTOPSY RFORMED?
	(IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)									
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of twork of twork of twork of twork of twork of twork of two of t										
	saw the deceas 220. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	t (1) (this haspitated alive on Fe	b. 12	nlacy	fram. M that dea M.C	ATTENDING	MED. FROM	STAFF PHYS.	nd an the	date stat	22b. DATE SIGNED -12-61
230		N. 23b, DATE THERE		23c NAME OF CEME	/ 1		23d. LOCA	TION (City, town,	or county)		Stote)
24.	FUNERAL DIRECTOR	SIGNATURE ALLEA	19	ADDITESS	ul	DATE FE	EB 1 6 '6		istrar's sig		

1228 STATE OF TRADESTRATE OF DEATH There's ton thorn and a contract to the To the standard of the contract of the standard of the standar we make writening the outer the common to the common of the com-Secretarion and 1104 of higher tribed was Service Servic the real control of the control of t THE CONTROL OF BUILDING SERVICE STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALT

MAKILAND STATE DEPARTMENT OF HEALTH	
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1	, MARYLAND
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01738

r						(,	-				
	1. PLACE OF DEATH	JESTATA TOR EST	2. USUAL RESIDEN	400		n Residence	before admission)				
	Lavroll	MARYLAND	a. STATE THE	d	b. COUNTY	Car	roll.				
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL	and give no	perest town)				
	Ture VIII De la Claration	2 4/10	Rural	Macce	cleeste	Y					
2	d. NAME OF HOSPITAL OR INSTITUTION (if not		d. STREET ADDRESS	7		1	. IS RESIDENCE				
	Manchester	R.D	Mancles			1	ON A FARM?				
	3. NAME OF First DECEASED	Middle	Lest	4. DATE	Month	Dey	Yeer				
	(Type or print) / 7 = /V/7 /	WESLEY	ITPEBS	DEATH	Fel.	/	196/				
	5. SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE	(In yeers IF UNDE		IF UNDER 24 HRS.				
9.4	Make letters win	OWED DIVORCED	100.48. 18	97 6	wirthday) Months	Days	Hours Min.				
		Ob. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State	or foreign country)	1	CITIZEN OF	WHAT COUNTRY?				
3	done during most of working life, even if retired)	farescing	Unl Co	50	1	150	7				
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN			1,45,71					
)	Atu Pecis	Krels	Лопина	Fisher							
/	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	1 16. SOCIAL SECURITY NO. 17. I	Chr.	IN-LER.	Address						
(Yas, no. or unkown) (Ifyas give war or detas of service)											
= 1	18. CAUSE OF DEATH (Enter only one cause		to Herry St.	Mille	Menech		RVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	1 a l					ET AND DEATH				
	IMMEDIATE CAUSE (a)	erebox	morray,	4		_ H	deca				
	DUE TO	1 0001	11	1 5.1	- 1	2					
	Conditions, if eny, which (b)	C.S.C.V. du	clase W/	hyperlen	xin	7	<u>n</u>				
	geve rise to immediate cause (a), stating the underlying DUE TO		Mary Park St.	"		,					
D)	cause last. (c)										
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDI	TION GIVEN IN PA	ART 1(a) 19.	PERFORMED?				
	LY					YE					
	PART II. OTHER SIGNIFICANT CONDITIONS 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING D COLUMN OF CONTRIBUTING D	ESCRIBE HOW INJURY OCCURED. (Entar natura of injury In Pa	rt I or Part II of item 18	(.)						
0	PRIMARY or CONTRIBUTING CAUSE OF DEATH.										
	3 20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Home, fer		n) (C	County)	(Stata)				
		While Not While fact	ory, street, office bldg., at	C.)							
	21. I certify that I took charge of the	remains described above, he	old an Autopsy ,	Inspection N.	Inquiry X	and i	n my opinion				
	death resulted from: Natural causes	Accident . Suic	ide . Homicide	Undetern	nined manner						
1		X	CHIEF MEDICAL								
	ACTUAL James 7	Sh. wh	ACCICTANT ME	DICAL EXAMINER		DA	TE SIGNED				
04	SIGNATURE	110000	M.D. DEPUTY MEDICA								
	EXAMINER'S NAME (Type)	STIMARS	TH	city, town, or county)			-1-61				
	22a, BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (C	ity, town, or coun	try)	(State)				
	Bureal fel of 196.	1 Dr. Jacobs (Blos	ces)	Bredle	ex RO	,	00				
	23. FUNERAL DIRECTOR	ADDRESS	24a. RE	C'D BY REGISTRAR 2	46. REGISTRAR'S	SIGNATUR	RE				
19	Marifix-	Hen Cock	To DATE	n e 161	arthur &	? Heraus					
		2		5 01	2000000						

210 30 0169 STATE OF THE STATE 133 X 100 AND THE STOCK OF THE STOC Transa v Massa

during most of working life, even if retired)

ERTIFICATION

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIVISION OF	SIMILISHENE KESEMKON	7110	KECOK	03 —	DUF
760	CERTIFICA	ATE	OF	DE	ATH

	1760	CERTIFICA	TE OF DEATH		14 4 4		01	73	9
1. PLACE OF DEATH o. COUNTY	Carroll	MARYLAND	2. USUAL RESIDENCE (W o. STATE Mary	here deceased	lived, If instituti b. COUNTY		hine before		on)
b. CITY OR TOWN RURAL ond give Svkesv		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown					-2		
Sykesville 5 yrs. d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Springfield Hospital			d. STREET ADDRESS 759 S.Potomac St.				•	IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First Katheri	me Lethean	LeFevre	4. DATE OF DEATH	Febr		Doy 2		reor 1961
S. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDE			R 24 HRS.
Female	White widow	ED DIVORCED	April 23, 1	.896	lost birthdoy) 64 yrs.	Months	Doys	Hours	Min.
10a. USUAL OCCUPAT	TION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CI	TIZEN OF	WHATC	OUNTRY?

U.S.A.

YES [

NO A

House-kee	per	-		Maryland	1		U.S
13. FATHER'S NAME			14.	MOTHER'S MAIDEN N	IAME		
Daniel Le	Fevre		200	Lethean	Ditto	LeFevre	
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORM	ANT		Address	
NO NO. DE UNKNOWN)	(If yes, give war or dates of service)	-	Spri	ngfield Ho	spital	Records	

	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Carcinoma of the cecum	Months
	DUE TO	
	Conditions, if ony, which (b)	
	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	
NOL	Involutional psychotic reaction.	L DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

MEDICAL	20c. TIME OF INJU Hour o. m. p. m.	RY Month,		20d. INJURY OCCURRED While Not while of work of otwork	20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	City or town)	(County)	(Stote)
	21. I certify th	at (I) (this	s haspital)	attended the deceased	fram Feb. 6. 156 . to	Feb. 2. 19	61 that (1) (we	e) last

ast

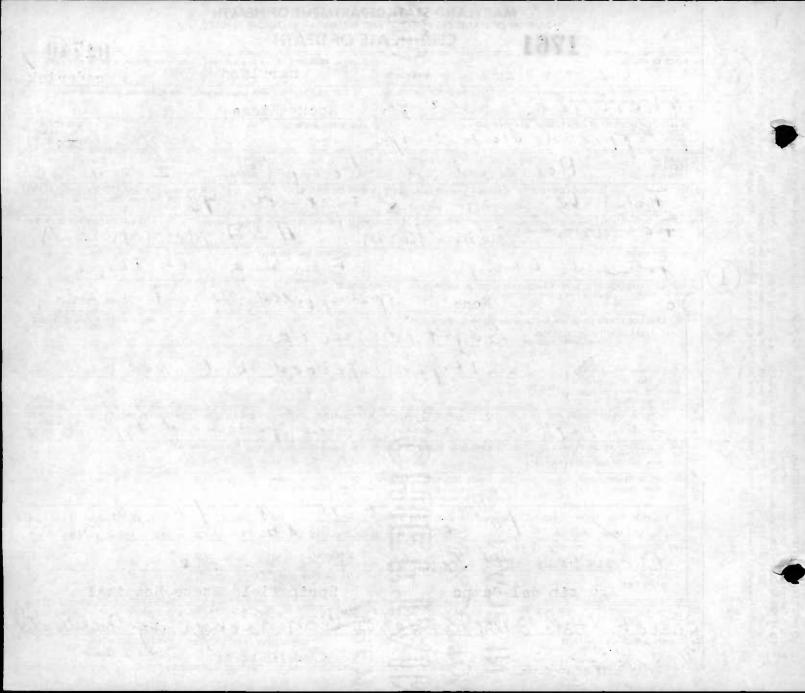
saw the deceased al	live an Feb. 2,	19 <u>61</u> , and that	death	n accurred at 3	1. LAPMom	the causes	and an the date sta	ted above.
220. SIGNATURE Consister	del Con	upo mo	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.	2/2	226. DATE SIGNED
22c. PHYSICIAN'S	gustin delCamp	/1		22d. ADDRESS			Sykesville,	Md.

		23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county)	(Stote)
J.	BURIA (Specify) F2/6/1961	St. Paul's Cemetery	/7St. Par	il's A	Maryland
24	FUNERAL DIRECTOR'S SIGNATURE 305 No.	BOTOMAC 5 +	EER 0 761	256. REGISTRAR'S SIG	
4	9 Downson HA	EERSTOWN MU	DATE CLUB O		

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The transmission waste ERCT IN THE DETERMINE WAS DESCRIBED AND THE RESERVE OF THE STREET 2//201 ALL COLUMN TO THE RESIDENCE OF THE PARTY OF

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

	1/52	CERTIFICA	AIL OI PLAIII			174			
1. PLACE OF DEATH o. COUNTY	1 1/1		2. USUAL RESIDENCE (WE	h COI	LINITY				
C	arroll	MARYLAND	Maryl	and	Pri	nce George'			
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Sykesville d. NAME OF HOSPITAL (If not in haspital, give street		-1 -		autside carporate limits, w	rite RURAL and give	e nearest town)			
		14 days	Hyatts	ville	10	J IS DESIDENCE			
OR INSTITUTION			d. STREET ADDRESS	2 22	5 100	e. IS RESIDENCE ON A FARM?			
		pital	8503 - 14t			YES NO 🏋			
3. NAME OF DECEASED (Type or print)	First Carme	ela M.	Miciotto	4. DATE OF DEATH Felt	0	26, 1961			
Female		ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	1919 9. AGE (In lost birth		YEAR IF UNDER 24 HRS. Pays Hours Min.			
10a. USUAL OCCUPATI during most of war None	ON (Give kind of work dane 1 king life, even if retired)	0b. KIND OF BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZE	U.S.A.			
13. FATHER'S NAME		Manual Trans	14. MOTHER'S MAIDEN	0		1			
-Unkne	AM PASQUAL	e CACCAVAL	e Inlenoun	CONCETTA	- AP	1ce			
1S. WAS DECEASED EVI	ER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17	, INFORMANT		Address				
No	-	-	Springfield	Hospital Re	cords				
	ATH [Enter only one cause pe ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).] Acute myocardia	al infarction.			INTERVAL BETWEEN ONSET AND DEATH Minutes.			
	Conditions, if any, which (b) Coronary artery disease.								
cause (a), stating lying cause last.	gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)								
PART II. OT Pyelonep. 20g. ACCIDENT W OR CONTRIBUTING OF CONT	hritis, left k	idney, with hy	dronephrosis a	nd lithiosis	N GIVEN IN PART 1	1(o) 19. WAS AUTOPSY PERFORMED? YES NO			
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in	Port I or Port II of item 1	B.)				
20c. TIME OF INJU Hour o. m. p. m.	WH.	d. INJURY OCCURRED 20e. nile Not while work of work	PLACE OF INJURY (Hame, farr foctory, street, affice bldg., etc		(Con	unty) (Stote)			
	21. I certify that (I) (this haspital) attended the deceased fram Feb. 12, 1961, to Feb. 26, 1961, that (I) (we) last saw the deceased alive an Feb. 26, 1961, and that death accurred ap: 50PM ram the causes and an the date stated above.								
220. SIGNATURE	-/	o d		, Trail inc cause	is and an the c	22b. DATE			
Clon	istm del	Campo		RED. STAFF PHYS.	x	2/27/61			
27c. PHYSICIAN'S NAME (Type)	Agustin delCampo, M.D. 22d. Address Springfield Hospital, Sykesvill								
230. BURIAL, CREMATIC		23c. NAME OF CEMETERY	OR CREMATORY F HAVEN	23d. LOCATION (City, 1)	tawn, ar caunty)	MP (State)			
24. FUNERAL DIRECTOR		ADDRESS 3603	DATE	D BY REGISTRAR 256.	REGISTRAR'S SIGN	NATURE House			

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LAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

d. STREET ADDRES

Last

CERTIFICATE OF DEATH

MARYLAND

c. LENGTH OF STAY IN 16

Middle

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Day

e. IS RESIDENCE ON A FARM?

Yeor

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)

4. DATE

b. COUNTY

with director, filed eral pe shauld N puo .= filled Pages campletely papers. puo carbon physician remove attending ease Q. the by

permit. gned or attending physician. certificate has been si burial-transit or cremation, the OS use o After this hospital be detached far TO FUNERAL DIRECTOR:
page 3 shauld be detach of Board

(Type or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HR 7. MARRIED NEVER MARRIED B. DATE OF BIRTH after Months Doys DIVORCED [WIDOWED [YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 4 acue 72 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17, INFORMAN 18. CAUSE OF DEATH [Enter only one couse per lipe for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Lace DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES | NO X 20a. ACCIDENT WAS UNDERLYING-FT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING E CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) o. m While Not while of work of work p. m. 21. I certify that (1) (this hospital) oftended the deceased from local 20 1961, that (1) (we) lost and that death occurred of IIAM, from the causes and on the date stated above 1961 sow the deceased olive on 22o. SIGNATURE 22b, DATE ATTENDING PHYS. , SIGNED DIRECTOR | PHYS. 22c. PHYSICIAN'S 22d. ADDRE NAME TYPE page 3 sh the State 230, BURIAL, CREMATION, 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LQCATION (City, town, or county) (Stote) EMOVAL (Specify ERAL DIRECTO 'S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Trans DATE

1. PLACE OF DEATH

o. COUNT

NAME OF

DECEASED

b. CITY OR TOWN (If outside corporate limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)

First

RURAL and give nearest town)

OR INSTITUTION

deoth.

that the death certificate be executed

VR A15 (4) 15M 9/59

The state of the s Description of the second seco THE CAB - WILLIAM - A KELEM & WELL All to 10 March 1 to 10 March HARTER MALLEY Maria 2 1 Maria Ma March Committee of the The state of the s TO HOSPITAL ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours. Fire death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by The funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	1. PLACE OF DEATH o. COUNTY Car:	LACE OF DEATH COUNTY Carroll MARYLAND					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY							
	b. CITY OR TOWN (If RURAL ond give nec	arest town)	ls, write	c. LENGTH OF STAY II	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
	<i>U</i>	uralSykesville			40yrs. 24days									
	d. NAME OF HOSPITA OR INSTITUTION Springfield				EET ADDRES	s lace St.				e. IS RESIDENCE ON A FARM? YES NO				
	3. NAME OF DECEASED (Type or print)	Fir Marga:		Middle Eliz	abe	th	Lost Miller	4. DATE OF DEATH	Mor 2	oth	10	,	eor 961	
	5. SEX			RIED NEVER MARRIED							DER 1 YEAR IF UNDER 24 HRS.			
	female	white	WIDOW			11	/19/77		lost birthdoy) 3 yrs.	Months	Doys	Hours	Min.	
	10a. USUAL OCCUPATIO during most of worki Domestic	N (Give kind of work on ng life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS						USA			
	13. FATHER'S NAME	FATHER'S NAME				14. MOT	HER'S MAIDE	EN NAME						
	Samue	Samuel C. Miller				Huber								
	15. WAS DECEASED EVER	IN U. S. ARMED FOR f yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.	1	FORMANT	Sprin	ngfield	Add		will	lle Md.		
ATION	Conditions, if on gove rise to im	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. (c) Cause of DEATH (Enter only one couse per line for (o), (b), and (c).] Color on the couse of DUE TO Generalized arteriosclerosis								ON	years years			
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AI PERFORMANCE PERFORMANC										RMED?		
	20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)												
	20c. TIME OF INJURY Hour o. m. p. m.	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (County) (State)												
	21. I certify that (X) (this haspital) attended the deceased fram. $1/25$ 19.21 to $2/19$, 19.61, that (X) (we) last saw the deceased alive on $2/19$ 19.61, and that death accurred at $7:00$, from the causes and an the date stated above.													
	220. SIGNATURE R	ita 8.	Pla	ahn le.	1.		NDING	MED. DIRECTOR				1/	SIGNED	
	22c. PHYSICIAN'S NAME (Type)	Rita %. Gl.	ahn,	M. D.		22d. /	ADDRESS		ield Sta lle, Mar		-	al		
	23a. BURIAL, CREMATION REMOVAL (Specify)	1, 23b. DATE THERE	OF/	23c. NAME OF CEME		CREMATO			TION (City, fown,			(Stote	=)	
	24/FUNERAL DIRECTOR'S	SIGNATURE	6	TOM L	3		2So. I	FEB 2 3		Istrar's s				

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BEARING TO STADENTIALS TO A STATE etc paragraph, with the second of the second

Division of STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaesed lived, If institution: Residence before admission) a. COUNTY director. Page Health, a. STATE b. COUNTY necessary, files. Carroll MARYLAND Maryland Carroll b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and giva nearast town) 50 Rural Kevmar Rural Keymar 0 d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give streat address) Po Boar d. STREET ADDRESS a. IS RESIDENCE "in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained. e pages 5 may be retained for pages 1 and 2 with the State Bot within 72 hogsenting. ON A FARM? YES X NO 3. NAME OF Middla 4. DATE Lasi Month Day Yaar DECEASED 28 (Typa or print) DEATH 1961 LER 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. MARRIED Y NEVER MARRIED last birthday) Months Days Hours Min. DIVORCED Female White WIDOWED 921 March 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if rattrad) Housework Own Home U.S.A Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles U. Mehring event Nellie Lookingbil IEDICAL EXAMINER: This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyasgiva war ordatas of sarvica) No Mr. Robert M. Miller. R#1 Keymar. Maryland
INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). .5 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (a) LNSHOT WOLLND and min DUE TO removal, (b) to the certificate, writing the word "pending" gava risa to immadiata causa forwarded to the Chief Medical Examiner's L DIRECTOR: Page 3 should be used as a DUE TO (a), stating the underlying causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of Injury In Part I or Part II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. burial. MEDICAL 201. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stata) factory, street, office bldg., etc.) Z-28 19 4 1 Whila at work 2 Not While at work ARROL prior FUNERAL DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion agent, death resulted from: Natural causes Suicide X Homicide Undetermined manner Accident CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE please execute
4 should be for
TO FUNERAL
or its designat DEPUTY MEDICAL EXAMINER EXAMINER'S TO DEPUT NAME (Typa) ME Address (Street, city, town, or county) CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stata) REMOVAL (Specify) Burial March 1961 Haugh's Cemetery Maryland Ladiesburg. ADDRESS 24a. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Taneytown, Maryland DATE MAR 3 arthur S. Kraus '61 5M 7/59 Fuss & Son

MARYLAND STATE DEPARTMENT OF HEALTH

LOTT REDICAL SERVINGER CERTIFICATE OR DEATH I - HEDA from L transport formula whole that a limited by the control of MALE TO STATE OF THE PERSON ASSESSMENT Residence . Australia

AND THE RESIDENCE OF THE PROPERTY OF THE PARTY OF THE PAR Control of the second of the second of These of Physical Concension and Standard . MANUEL STORY T. PROPERTY AND IN THE RESERVE OF THE PARTY THE REPORT OF THE PARTY OF THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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VL.												
	a. COUNTY Ca:	rroll		MA	RYLAND 2	a. STATE		ere deceased lived yland	l. If institution b. COUNTY		before add	V
1		f autside carporote limi	ts, write	c. LENGTH OF STA	AY IN 1b	c. CITY OR 1	OWN (If o	utside corporote li	mits, write R	URAL ond gi	ve nearest t	awn)
I	RURAL and give ne Rural-Syke			4y. 5m. :	17d.	Rock	ville		15	12-	7	
r	d. NAME OF HOSPIT	TAL (If not in hospital, g	ive street			d. STREET A	DDRESS		7000		e. IS	RESIDENCE
7	or institution Springfield	State Hosp	oital			12107	Hunt	ers Lane				NO 🔯
13	3. NAME OF DECEASED (Type or print)	Fir Bess		Midd Flore		Los Mo		4. DATE OF DEATH	Man 2	th	Doy 15	Year 1961
1	5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MAR	RIED B.	DATE OF BIRTI	4	9. AC	GE (In years		_	NDER 24 HRS.
ı	female	white	WIDOW	ED N DIVOR	CED 6	/12/78	79	81	t birthday) yrs.	Months [Doys Hau	ers Min.
1	IOa. USUAL OCCUPATIO	ON (Give kind of wark	dane 10b.	KIND OF BUSINESS	OR INDUSTR	Y 11. BIRTHPL	ACE (Stote	ar foreign country)	12.CITIZ	EN OF WHA	AT COUNTRY?
	housewife	king life, even if retired)	Own home		Wa	shing	ton, D.	J.		USA	
1	3. FATHER'S NAME	Acres de la constante de la co				14. MOTHER'S						Music
		. Thomas				Хx	M/	ARY MOXLE	EY			
1	15. WAS DECEASED EVE		CES? 14	SOCIAL SECURITY N	NO. 17. INFO	0.4910	2.14		Add	ress		
		(If yes, give war ar dates of s	and and	577-03-54	9.4		d Hos	pital re			77177	Ma
-		To a second				"TETTET	4 1105	DI UAI TE	or us,	Dykes		
		ATH [Enter only one co			*						ONSET A	ND DEATH
	PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o) Mi	itral sten	osis						Yea:	rs
	1110	DUE TO										
	Conditions, if o		R	neumatic h	neart d	LSease					Year	rs
	gove rise to i										- 60	
	lying cause lost.	(c	Pa	get's Dis	ease						Year	rs
	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO I	DEATH BUT NO	OT RELATED TO	THETERMI	NAL DISEASE CO	NDITION GIV	EN IN PART	1(o) 19. W	AS AUTOPSY REORMED?
	O PART II. OTH	with circ	ulat	gry distur	rbance	with c	erebra	al arter	ioscle	rosis		NO [
1	= 20g. ACCIDENT WA	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRÎBE HOW INJURY	OCCURRED.	Enter noture o	of injury in I	Port I ar Port II of	item 18.)			
		RY Month, Day, Ye	ar 20d. II	NJURY OCCURRED		OF INJURY			own)	(Co	ounty)	(Stote)
	20c. TIME OF INJUR Hour o. m. p. m.	19	While at war	Nat while	factor	y, street, affice	e bldg., etc	.)				
		a min data di a situati	1		1.6	8/28	19	36	2/15/	1067	4L _4 76	F) (we) last
	saw the decease	at 20 (this haspital sed alive an	2/15	19.61, gr	nd that dec	th accurre	d at 7:1	Ma, fram the	causes ar	nd an the	date sta	ted abave.
	220. SIGNATURE	onstand	5%	Webe	W M.I	ATTENDIN PHYS.	G MI	ED. ST RECTOR P	AFF HYS.		2/1	226, DATE 6/61
	22c. PHYSICIAN'S					22d. ADDR		oringfie.	ld Sta	te Hos	pital	
	NAME (Type)	Konstanti	n Wel	ber, M. D.	•			ykesville				
	23a. BURIAL, CREMATIC	ON. 23b. DATE THEREO	OF.	23c. NAME OF CI	EMETERY OR C	REMATORY		23d. LOCATION		-	(Stote)
	REMOVAL (Specify)	2/18/61		GLENWOOD				WASHING'		_ '''		
1				ADDRESS			250. REC'	D BY REGISTRAR		STRAR'S SIG	NATURE	
	24. FUNERAL DIRECTOR		NC	SILVER	SPRING	, MD.		B 2 1 '61		Thun S.		
L	Kulmou	ac did	MA				DUIT L	the day of	1	- Tribit	4 6 4 4 4 4 4 4 4	

TO HOSPITAL VR A1S (4) 15M 9/59

Married Conservator - Married State State of Constitution of Conservation Daming Sanitra the salam was the salam and the

YE	Ziner Taniner				1768	ON OF-STAT	CERTIFICAL RESEARCH	ATE	OF DEATH				017	17
Toot of	XIE		1. P	LACE OF DEATH			MARYLAND	0	SUAL RESIDENCE (W. STATE	Vhere deceased	l lived. If institution b. COUNTY			odmission)
- 10 m	大臣		h		rroll (If outside corporate limit	s write of	ENGTH OF STAY IN 18		Maryl . CITY OR TOWN (IF		rate limits write Pl	Carro		t town)
unero	_			RURAL and give i	nearest town)	s, wille C. E	. 1	36			rate linits, write k	OKAL GIIO §	give neures	i town,
houl	7		C	Sykesvi I. NAME OF HOSP	ITAL (If not in haspital, a	ive street addre	4t years		Mestm J. STREET ADDRESS	inster				S RESIDENCE
123	135			Springf	ield State	Hospita	1	1	Route #6					ON A FARM?
d in b	Med		3. N	IAME OF DECEASED	Fire	1	Middle		Last	4. DATE	Mon	th	Day	Year
completely filled	_			Type or print)	Rache	el	Rebecca		MULLER	DEATH	2		5	1961
ely fille Poges	s offer deom		S. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DA	TE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months		UNDER 24 HRS.
plet.	orie D	4		female	white	WIDOWED K			6/1/71		89 yrs.			
comple popers.	De		10a.	during most af wa	ION (Give kind of work or rking life, even if retired)	lone 10b. KIND	OF BUSINESS OR IN	USTRY	11. BIRTHPLACE (Stat	le or foreign co	ountry)			HAT COUNTRY?
0	7		12 1	Housew FATHER'S NAME	ife			114	Marylan MOJHER'S MAIDEN			J	J.S.A	•
		F	13. 1		T.T 020			14.	Furith Gor					
g physicion remove cor	Magest		15.	Henry WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16. SOCI	IAL SECURITY NO. 117	INFORM		8	Addi	ress	11191	
	X X		{Yes,	No. or unknown)	(If yes, give wor or dates of se	rvice)		hrir	ngfield St	ete Ho	enitel. S	Sykesy	rille	. ьм
	À (ATH [Enter anly one co	use per line for		, pr r	AETTOTA DO	400 110	DOLUCE, E	7,1100	INTERV	AL BETWEEN
	<u> </u>			PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Sente	mia							AND DEATH
The The	Duo d			904.	7 DUE TO	-								
d by	you d			Conditions, if		Arter	iosclerotic	Car	rdio-vascu	lar di	sease.	- 30	ye	ars
gned	emovo Ta			gave rise to couse (a), stating									1	
ion. en si	10		7	lying cause last	_ /		ure of hip					(54) IN DAD		eks
ng physicion e hos been s buriol-tronsit	or Dr	1	CATION		THER SIGNIFICANT CON	wit.	h psychotic	rea	action.	MINAL DISEAS	E CONDITION GIV	EN IN PAK	1 1(a) 19.	PERFORMED?
p p ho urio	ع الق		IFIC	CBS ASS	OC. WITH CI	CULATO 20b. DESCRIBE	ry disturbe	RED. (Ent	er noture of injury in	Port I or Por	arterloso	eleros	315,	140 M
icote he b	riol, crem	0	CERTIFI	OR CONTRIBUTING	/AS UNDERLYING \(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\	Pati	ent fell f	rom	bed, str	iking	left him	on :	floor	
otte ertif os t	ourlo	2	3	20c. TIME OF INJU	RY Manth, Day, Yes			PLACE O	F INJURY (Home, far	rm, 20f. (City	-		County)	(State)
his o	the bur	16	MEDI	7:15 p.m.		While at wark	Nat while at work		street, office bldg., e spital	Syk	euville	Car	roll	Md
spite ter t	0				at (I) (this haspital) attended	the deceased fran	9/2	26/561	2ta_	2/5/61	, 19	, that	(I) (we) last
e ho	و رو م)			ased alive an 2	/5/61	19, and tha	death	accurred at 2:	M, fram	the causes an	d an the	date st	tated above.
	Health Pr			22a. SIGNATURE	-/-	011			ATTENDING	MED	STAFF			22b. DATE SIGNED
D 02	b 0	1		22c. BHYSICIAN'S	mun C	Kel C.	mico		ATTENDING PHYS. 1	MED. DIRECTOR	STAFF PHYS.			2/5/61
ould ould	Board)		NAME (Type)	Agustin d	ol Comm	N B			M all	aryland			
moy be reto 5 FUNERAL Di poge 3 should	ofe		230	BUDIAL CREMATI	ON, 23b. DATE THEREC		c. NAME OF CEMETERY	OP CPE			TION (City, town,	or county)		(State)
FUN oge	o d	7	B	REMOVAL Specif	Feb. 7	1961				_			Monar	
E 0 a	=	X.	24.	FUNERAL DIRECTO		WAITS	ADDRESS /) (ME	iene	tery 250. REG	C'D BY REGIST	RAR 25b. REGI	STRAR'S SI		
R A1S (4) SM 9/59		3	1	Malt	2 Tun or	al 1	lam 0	16				without &		4
3M 7/37		0			11	-								

When the second of the second E . T. M. Carlotte Starting immigrant entry election and the company of the company Construction of the second of

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 1769

	a. COUNTY			MARYLAND	a. STATE	vland	- nercent	b. COUNTY	on: Residence	before adm	ission)
1	b. CITY OR TOWN (III RURAL and give ne	Foutside corporate limitarest tawn)	ts, write	LENGTH OF STAY IN 16				te limits, write R	URAL ond give	nearest to	wn)
-	Sykesvil d. NAME OF HOSPIT OR INSTITUTION	1e AL (If not in haspitol, g	ive street ad	2 weeks	d. STREET				3 y 0	ON	ESIDENCE A FARM?
2		eld State I	lospit	al	2206	N. C	Calvert	Street		YES	□ NO □K
	3. NAME OF DECEASED (Type or print)	Fir		Middle	Lo		4. DATE OF DEATH	Man		Day	Yeor
-		Harr		Caldwell	Norr:			Febru	IATY	C EAD IS UN	19 61
	5. SEX	6. COLOR OR RACE		D NEVER MARRIED	B. DATE OF BIRT	Н	,	. AGE (In years last birthdoy)		ys Hour	
	Female	White	WIDOWED		2-10-7	_		81 yrs.			
	10a. USUAL OCCUPATIO during mast af work	N (Give kind of work or ing life, even if retired)	dane 10b. KI	ND OF BUSINESS OR INDU	ISTRY 11. BIRTHP	LACE (State	or foreign cou	entry)			COUNTRY?
1		e Company		-		arylar			U	.S.A.	
1	13. FATHER'S NÂME				14. MOTHER'S	MAIDEN	NAME				
	William	Bradford N	orris		Ade:	line F	Rice				
1	15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. SC	CIAL SECURITY NO. 17.1	NFORMANT			Add	ress		
	(Yes, no, or unknown)	(If yes, give war or dates of s	ervice)		Springf	S h Lai	State H	oenital			
-	No				Dor Tugi.	read c	Jua de 11	OSPICAL	- 1	INITERVAL	BETWEEN
		TH [Enter anly one co	use per line	tor (o), (b), ond (c).]						INTERVAL ONSET AN	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Conie	stive Heart I	Tailure.	secor	dary				
	111	2 V DUE TO	60		,						
	Conditions, if or		77			44			3:		
	gave rise to in	mmediate f		rtensive arte	eriscier	otic c	arolov	ascular	diseas	е	
	cause (o), stoting		8 110								
	lying cause lost.) (c)								
	PART II. OTH	ier Significant con	DITIONS <u>CO</u>	NTRIBUTING TO DEATH BU	T NOT RELATED TO	O THE TERM	INAL DISEASE	CONDITION GIV	'EN IN PART 1	PER	S AUTOPSY FORMED?
. 2	20g. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY OCCURR	ED. (Enter noture	of injury in	Port I or Port	II of item 18.)			
	20c. TIME OF INJUR	Y Month, Day, Ye	ar 20d. INJ	URY OCCURRED 20e. P	LACE OF INJURY	(Hame, forn	n, 20f. (City	or town)	(Cou	inty)	(Stote)
	Hour o.m.	19	at wark [-			-			
	21. I certify tha	t (l) (this haspital) attende	d the deceased fram.	1-2	19	61. to	2-8-	19_61	, that (I)	(we) last
	saw the deceas	ed alive an	2-8-	19_67 and that	death accurre	d at _1/	M, fram t	he causes an	d an the d	late state	ed abave.
	22a. SIGNATURE	Romand	d	Alabin	M.D. PHYS.	IG _ M	NED.	STAFF PHYS. 52	Februa	0	22b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)_	V -topping	V /		22d. ADDR		IKECTOR 3	1113. 100	T.COL US	LY O	1301
	J. R	aymond Gla	due, M	1. D.	Sprin	gfield	d Hospi	tal, Syl	kesvill	e, Ma	ryland
1	23a. BURIAL, CREMATIO	N, 23b. DATE THEREC		23c. NAME OF CEMETERY	OR CREMATORY		23d. LOCATI	ON (City, town,	or county)	(S	tote)
V	REMOVAL (Specify) Burial	Feb. 10,	1961	Baltimo	re		Balt	imore, l			
1	24. FUNERAL DIRECTOR		/.	ADDRESS			D BY REGISTR		STRAR'S SIGN		
1	Burgee Fu	ineral Home	363	31 Falls Road		DATE FE	EB 1 0 '6'	1 a	thun S. T	Trans	
1 E		Horace 1.	1 Dur	900	Bal bimor	1					

The left was a second

01749

	1770		CEKITFI	CAIE	OF DI	AIH				0-	B 75 6	
1. PLACE OF DEATH	3 1 1 0	100				ENCE (Who	ere deceased	lived. If institution	on: Residen	ce befare	odmissi	an)
Ca	rroll		MARYLA	AND	o. STATE	Mary]	land	b. COUNTY	Mong	tomge	erv	A
	f outside carporate limi	ts, write c. LENG	GTH OF STAY IN	V 16	c. CITY OR T	OWN (If or	utside corpor	rate limits, write R	URAL and	give near	est town)	1 1
Sykesvi	lle	2m	os.8days	3	Ke	ensing	ton			5	4-1	-
d. NAME OF HOSPI	'AL (If nat in hospital, g				d. STREET A		, - 011			e.	IS RESI	DENCE
Springfi	eld State H	lospital			9520	W.St	anhop	e Road			ON A	NO D
NAME OF	Fir	st	Middle		Last		4. DATE	Mon	th	Day	Y	'eor
DECEASED (Type or print)	Ida	Christin	e Beck	2	Noyes	3	OF DEATH	Februa	ry	16,	1	961
SEX	6. COLOR OR RACE	7. MARRIED 1	NEVER MARRIED	8. D.	ATE OF BIRTH	1		9. AGE (In years last birthday)	IF UNDER	1 YEAR I	F UNDE	R 24 HRS
Female	White	WIDOWED X	DIVORCED	_	June 20	, 188	35	75 yrs.	Months	Days	Haurs	Min.
. USUAL OCCUPATION	ON (Give kind of work	done 10b. KIND O	F BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (State	ar fareign co	ountry)	12. CITI	ZEN OF V	WHATC	OUNTRY
Housewif	king life, even if retired	_			Was	shingt	ton, D	.C.		U.S.	A.	
FATHER'S NAME				14	. MOTHER'S							
Frede	rick Beck				Mara	garet	Viglidativ	T UMHA	u			
	R IN U. S. ARMED FOR		SECURITY NO.	17. INFOR	-	5	1-1-1-7	Add				
no. or unknown)	(If yes, give wor or dates of s	579-12	2-2289A	ST	ringfi	eld F	lospit	al Recor	ds			
18. CAUSE OF DEA	ATH [Enter only one co	use per line far (a)), (b), and (c),]							INTER	VAL BET	TWEEN
	TH WAS CAUSED 8Y:	Inte	rstitia]	nnei	monia.						TAND	
411	IMMEDIATE CAUSE (o	J						THE TOTAL		7		-
Conditions, if a	L.	Arte	riosclei	rotic	heart	disea	ase.			Ye	ars.	
gove rise to i	mmediote ()										
lying cause last.	me under-	Franci	ture of	left.	hin Yo	111)						
	(c TER SIGNIFICANT CON	1					NAL DISEASE	CONDITION GIV	EN IN PAR	T 1(a) 19.	. WAS A	UTOPSY
Control of the Control											PERFOR	RMED?
20a. ACCIDENT W.	assoc.with	20b. DESCRIBE HO							Ulon.		153 451	140 🗀
OR CONTRIBUTING	CAUSE OF DEATH		5 11 11 15 5 KT OC	CORRED. (E						1		
	Y Month, Doy, Yes	or 20d. INJURY O	CCURRED 2	Oe. PLACE	OF INJURY (H	lome, form.	20f. (City	or town)	10	County)	*	(State
Hour o.m.	19	While _ No	ot while		street, office				,			10.010
p. m.			work	3.0	10.160			0/2/1/2			-	
21. I certify the	it (I) (this haspital	7//7				12.			, 19			
saw the decea	sed alive an 2/	16/61 19	2 and t	hat deat	h accurred	atto:	Ma Firom	the causes an	d an the	date :		
220. SIGNATURE	+	1.10	/		ATTENDING	- ME	D	STAFF 32			22b	SIGNE
com	om a	u en	mpo	? M.D.			RECTOR	STAFF PHYS.		2,	/17/	61
22c. PHYSICIAN'S NAME (Type)	Agustin del	Campo M	D		22d. ADDRE		d Hos	pital, S	wko ew	:110	Ma	
						PET TO				TITE	, 110	•
BURIAL, CREMATIC	ON, 23b. DATE THEREC	0F 23c. N	AME OF CEMET	ERY OR CR	EMATORY	0	23d. LOCAT	TON (City, tawn,	or county)		(State	1)
urial	tel 18	1960 10	and L	ines	eln le	non)	Musica	ece 2	cang	es/	Co.	Me
FUNERAL DIRECTOR	S SIGNATURE	7 AL	DRESS/1/5	6 Per	man	ASO_REC'I	BY REGIST		STRAR'S SU	GNATURE		
aseRK	Meller	V Sans	Ula.	She	11.6.	DATE						

TO HOSPITAL MITENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs. For death. Page 4 may be retained by the haspital or ottending physician.

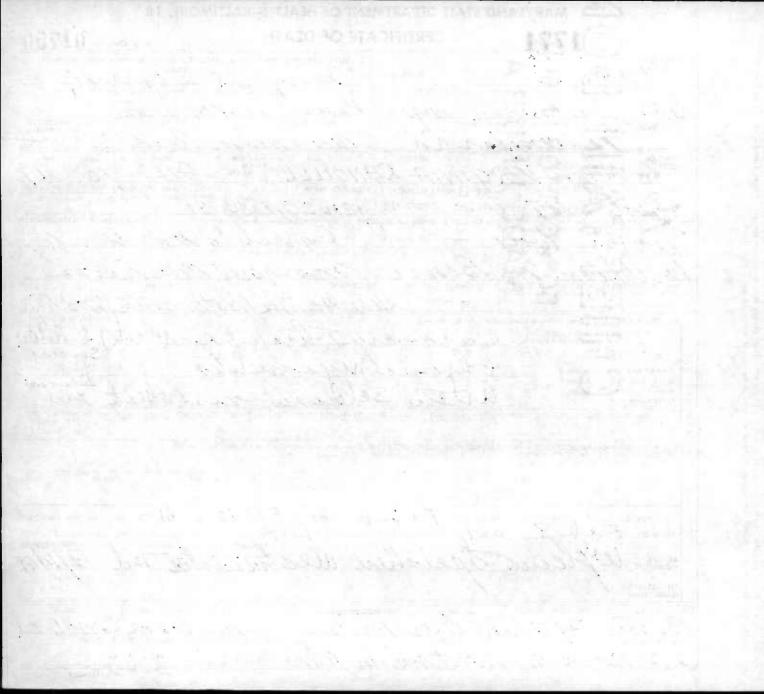
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death.

VR A1S (4) 15M 9/59

THE PARTY OF THE P UAM! The Comme all ran fra i fan Afrika. Hen en dit skip fan it fa THE PLANT STREET, STRE

CERTIFICATE OF DEATH Reg. Dist. No. () 175() 2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN Mt outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOT Year Day 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys 12. CITIZEN OF WHAT COUNTRY? Address INTERVAL BETWEEN PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 19. WAS AUTOPSY PERFORMED? YES NO (Stote) (County) 1961, that I last saw the deceased g, and that death accurred at Li30PM, from the causes and an the date stated above. APPORESS (Street, city of town, state) 22d. LQCATION (City, town, ar county) (Stote) 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A1S (4) 1SM 9/59

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11770

- In											
1	1. PLACE OF DEATH a. COUNTY	Carroll		MARYLA	MD	2. USUAL RESIDENCE (W		d lived. If instituti b. COUNTY		to. C	
	b. CITY OR TOWN (RURAL and give n	If autside carporate limi earest tawn)	ts, write	c. LENGTH OF STAY IN 25yrs.10mc		c. CITY OR TOWN (IF	outside carpo		RURAL and g	give neor	rest tawn)
1	d. NAME OF HOSPI OR HISTITUTION Spring:	TAL (If not in hospital, g field State	Hosp	oddress) oital		d. STREET ADDRESS 717 St	. Paul	St.			ON A FARM? YES NOTE
	3. NAME OF DECEASED (Type or print)	Nin		Wilson		Redifer	4. DATE OF DEATH	Mar Feb	ruary	Doy 15	
	s. sex Female	6. COLOR OR RACE White	7. MARR	DIVORCED		October 8,1	881	9. AGE (In years last birthday) 79 yrs.	Manths	Days	Haurs Min.
	Practic	ON (Give kind of work rking life, even if retired al nurse.	dane 10b.	KIND OF BUSINESS OR	INDUS'	Marylan	nd	country)	12. CITI	U.S	.A.
1	13. FATHER'S NAME Magruder	Wilson				14. MOTHER'S MAIDEN		rell			
1	IS. WAS DECEASED EVE (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO.		FORMANT Springfield	Hospi.t		ds.		
		ony, which immediate the under-	Old Occ	and new myc	oron	dial infarct ary artery of right kid				ONSI	RVAL SETWEEN ET AND DEATH GATS
	Schizoph		anoi	d type.		NOT RELATED TO THE TERM			VEN IN PAR	T 1(a) 19	P. WAS AUTOPS PERFORMED? YES NO
	OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUI Haur a.m. p. m.	G CAUSE OF DEATH		NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Hame, farr ary, street, affice bldg., et	n, 20f. (Cit		(0	Caunty)	(Stat
	21. I certify the saw the decea	at (I) (this haspital) attend	led the deceased for 15961, and t	ram hat d	March 7, 19	55, tal	the causes ar	19 <u>6.</u> nd an the	l_, the	at (i) (we) la stated abave 22b.DATE
	Zzc. PHYSICIAN'S NAME (Type)	Agustin d	elCan	Oprube	2 ^	A.D. PHYS. D	eld Ho	spital,	Sykes	vill	2/15/51 e, Md.
	23a. BURIAL, CREMATIC REMOVAL (Specify Burial	Feb.21,1		Greenmount			Bal	TION (City, tawn,	M		(State)
	HOWARD K	MC COMAS &	SON	ARTINGTON	2	4 /	D BY REGIS		ISTRAR'S SIG		

	S TETLINGHERS THEMTON SWI	ENTE GRANDE	4	
16570	NTA9 CH	Com 042		
	Form.			
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Marylend	n mistro	vik f		
	TOTAL CONTRACTOR	1) 16	a · samo te .	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1773

CERTIFICATE OF DEATH

01752

1.	PLACE OF DEATH			MARY	LAND	2. USUAL RESIDENCE (W	here deceased	l lived. If instituti b. COUNTY		nce befa	re admiss	ion)
-	Carro		***			Maryl		. 1: 1: 1: 1: 1:		Carr		
	 b. CITY OR TOWN (If RURAL and give need 		its, write	c. LENGTH OF STAY		c. CITY OR TOWN (If	autside carpoi	rate limits, write K	UKAL and	give ned	aresi tawn	,
	Middlebur			16 month	ıs	Keym	ar					
	d. NAME OF HOSPITA	AL (If nat in haspital, s	give street	address)		d. STREET ADDRESS					e. IS RES	FARM?
		d Manor Nu	rsing	Home								NO 5
3.	NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mar	ith	Do	ly '	Year
	(Type ar print)	David		Benjamin	11	Reifsnider	DEATH	Februa	ry	5.		1961
S. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI	ED 🗌	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER			
	Male	White	WIDOW	ED DIVORCE	D	December 3.	1876	84. yrs.	Manths	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind af wark	dane 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (State		untry)	12. CIT	IZEN O	WHATC	OUNTRY?
	Retired F	ing life, even if retired		Own farm		Carroll	Co M	bne Ivre	TI	.S. I	1	
13.	FATHER'S NAME	ar mer		JWII Talli		14. MOTHER'S MAIDEN		ar y ranu	1 0	2222	1.0	
	T 1 - 1	T D. 10- 1	3			D-1	7.1					
15		L. Reifsni		SOCIAL SECURITY NO	17 18	Rebecca	Lippy	Add	ress			
		f yes, give war ar dates of :	service)									
	no			20-07-8725		Leonard Reif	snider	, Keymar	, Mar	w		
			ouse per li	ne far (a), (b), and (c).]		4				ERVAL BE	
	PART I. DEAT	H WAS CAUSED BY:	2) (Frouch	OR	munion	a					ves
	450	DUE TO									-0-0	
	Canditians, if an	iv. which)	. 6	and mal	in	. antene	nsele	ressi	1		Sw	20
	gave rise to in	nmediote (2000 -000	1	22.000000	0				1	
	lying cause last.	he under-		*	V							
z		ED CICALIEICANIT CON	IDITIONS (CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	AINIAI DICEACI	E CONDITIONI CIV	/ENI INI DAI	PT 1/a) 1	O WAS	ALITOPSY
CATION	PARI II. OIH	- ")	DITIONS	CONTRIBUTING TO DE	AIN BUI	NOT KEDATED TO THE TERM	MINAL DISCASI	E CONDITION GI	EN IN FAI	(11(0)	PERFO	RMED?
		emile	us								YES [NO 🗗
CERTIFI	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	206. (DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature af injury in	Part ar Part	t II af item 1B.)				
MEDICAL		Manth, Day, Ye	ar 20d. I	NJURY OCCURRED		ACE OF INJURY (Hame, far		ar tawn)	(Caunty)		(State)
ED	Haur a.m.	19	While	Nat while	fac	ctary, street, affice bldg., et	(c.)					
2	p. m.		_			1110.70	50	7.0	/	//.		
	21. I certify that	(I) (this hospita	I) attend			May 27, 19		72b 5			, , ,	wel last
		ed alive an	el c	≥19 <u>(≥</u> , and	that c	leath occurred at 2/	M, fram	the causes ar	nd on th	e date		
	22a. SIGNATURE	mbler	The	angeson		M.D. PHYS.	AED.	STAFF PHYS.		Z	16/	SIGNED
	22c. PHYSICIAN'S					22d. ADDRESS						Λ
	NAME (Type)	mbler Tho	mnso	on M.D.		Tane	u Ta	ww	, W	an	yle	and
23	BURIAL, CREMATION			23c. NAME OF CEM	ETERY O	P CPEMATORY	SON LOCAT	TION (City, town,	or county)		(Stat	el le
1	REMOVAL (Specify)									7.2		-1
24	Buraal	Feb. 9.	1961	ADDRESS	telol	med Cemetery		neytown,	Mary STRAR'S S			
24.	C.O. Fuss	Skills			-		D BY REGIST	KAK 256. REGI	31 KAR 3 3	GNATU	KE	
	C.O.Fuss	& Son	Tan	eytown, Mar	rylar	1d DATE	FFR 9	61 6	7 75 -	0 4	4	

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1771

1. PLAC	CE OF DEATH OUNTY Caj	rroll		MARYLAND	11	o. STATE Mar	E (Where d yland	eceased live	ed. If instituti b. COUNTY		roll	admission)	
Ri	URAL and give ne	f outside carporote limi earest tawn) Kesville	ts, write	c. LENGTH OF STAY IN 18)	c. CITY OR TOWN	(If outside		limits, write R	URAL and g	ive neare	st town)	
d. N	R INSTITUTION	AL (If not in hospital, g		address)	3	d. STREET ADDRE	te Ro	ck Ro	ad	AL.		IS RESIDEN ON A FAR YES X NO	M?
DEC	ME OF EASED e or print)	Herbert		Middle F. Ri	idgl	last .ey		OATE OF DEATH	Mon Feb.	th	Doy 18,	Year 196	1
5. SEX	Male	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	_	ATE OF BIRTH	1878	9. 4	AGE (In years ast birthday) 82 yrs.			UNDER 24 Hours A	HRS Ain.
0o. US du	ring most of work Farmer	king life, even if retired		kind of Business or int Farming	DUSTRY		Stote or for yland	reign countr	(y)	12. CITIZ	USA	/HAT COUN	ITRY
3. FAT	HER'S NAME Zachary	y Taylor Ri	dgley	7	14	Mary C			Take T				
S. WA {Yes, no,	S DECEASED EVE or unknown) NO	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 17 214-20-0120	INFOR Mr	mant s. Adela	ide W	heatl	ey, Old		leric	k Rd.	
С	PART I. DEA	TH WAS CAUSED 8Y: IMMEDIATE CAUSE (a DUE TO) _ A	te for (o), (b), and (c).] Leafe Carpo Charachy	na Si	eleess	lom t	Resi	9		ONSET	AL BETWE	HTA
co ly	ove rise to in suse (o), stoting ling couse lost. PART II. OTH	the under-	DITIONS C	eneralized	UT NOT	FELLOS T RELATED TO THE	TERMINAL D	L. Je	ONDITION GIV	EN IN PART		WAS AUTO PERFORMEI	D?
CERTIFICATION SOS SOS	ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCUR	RED. (E	nter nature af inju	ry in Part I	or Port II o	of item 18.)				
20c.	. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED 20e. Nat while at work	PLACE factory,	OF INJURY (Home, , street, affice bldg	, farm, 20 ., etc.)	f. (City or I	town)	(C	(aunty)	;	Stote
sa			n 9	led the deceased fram19 f.f., and that thus an		h accurred at	1964 A.M. MED. DIRECTO	fram the	causes an			tated ab	ave
220	PHYSICIAN'S NAME (Type)	A. Sani O	utma	n		22d. ADDRESS 37 Cent	ral A	ve.	Sykesv	ille,	Md.		
	RIAL, CREMATIO MOVAL (Specify) BUTLAT	2-21-1961		St. John			23d.		(City, town, our Court		N	(State)	
≥4. FUN	HERAY DIRECTOR	S SIGNATURE	10	8728 Liber RandalIstow		Rd DAT	REC'D BY	REGISTRAR	2Sb. REGIS	STRAR'S SIG	NATURE		
	1	1				F	EB 23	61	Clath	47 8 FR	ate A		-

THE RESERVE THE PROPERTY OF THE PARTY OF THE MARKET STORY THE COUNTY OF STREET STREET, S the state of the s

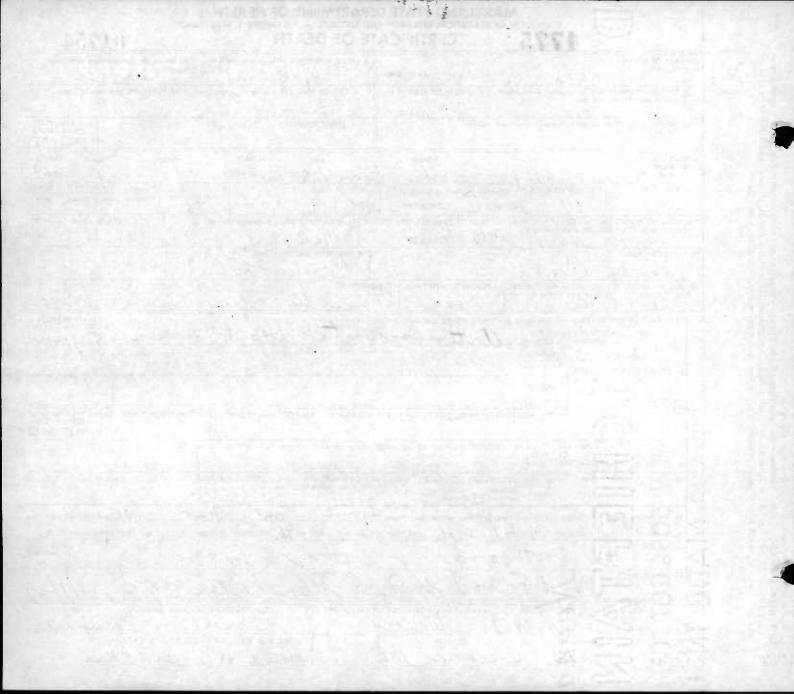
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

DIAISION OF	STATISTICAL RESEARCH AIN	D KECOKUS BALI
775	CERTIFICAT	E OF DEATH

)	1. P	LACE OF DEATH COUNTY CARROLL	MARYLAND	2. USUAL RESIDENCE (V		If institution: Residence	before admission)
	E	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate lim	its, write RURAL and giv	e nearest town)
X	(J. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES \(\) NO
1		NAME OF DECEASED Type or print) First ARY	Middle K.	ROBBINS	4. DATE OF DEATH	Feb.	Day Year / 196/
	5. S	EX F 6. COLOR OR RACE WIDOWE	ied Never Married	APRIL 9 1	884 9. AGE	Charles A. A. C.	YEAR IF UNDER 24 HRS. oys Hours Min.
	10a.	USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (SIGN	e or foreign country	12.CITIZE	S. a.
	13.	Joseph and		14. MOIHER'S MAIDEN	Wame Hilge	fort	
	1S. (Yes	was DECEASE EVER IN U. S. ARMED FORCES? 16.	More 17	Harles W.	Robbins	Hampste 1	rad md
		1B. CAUSE OF DEATH [Enter only one couse per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o), stoting the under- lying couse lost. (c)	ne for (o), (b), ond (c).] Intervore	Ceratic 1	Heart T.	Dieore	INTERVAL BETWEEN ONSET AND DEATH
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE COND	DITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED? YES NO P
0	CERTIF	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	n Port I or Port II of it	em 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. IN Hour o. m. 19 White of world	Not while f	LACE OF INJURY (Home, for octory, street, office bldg., e		n) (Con	unty) (Stote)
	8	21. I certify that (I) (this haspital) attend saw the deceased alive an # et 1		death accurred at 94	948, to 70		
		220. SIGNATURE W. H. 7 va	nd	M.D. ATTENDING PHYS.	MED. STAI	FF S. □ ;	22b. DATE SIGNED
		22c. PHYSICIAN'S W. H. FO A	rd M.D.	22d. ADDRESS Man	electer.	, Md	e 2/1/61
	23a	BURIAL CREMATION, 23b, DATE THEREOF REMOVAL (Specify) Feb. 4, 1961	23c. NAME OF CEMETERY Wesle	OR CREMATORY	Carroll	Co.	(Stote) Naryland
	24.	FUNERAL DIRECTOR'S SIGNATURE	mostral The	1	C'D BY REGISTRAR	25b. REGISTRAR'S SIGN	



moy be rehalf, by the haspital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriot-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours offer death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

er death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11000	110001			COK	03	_ ,,	761
CE	RTIF	ICA	TE	OF	DE	A	TH

	a. COUNTY			4448014410	2. US	STATE	here deceased	lived. If instituti b. COUNTY		before admissi	ion)
	Carroll			MARYLAND		Marylan			Balt	imore	V
	b. CITY OR TOWN (If RURAL and give ne	f autside carporate lim arest tawn)	its, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (IF	autside corpo	rate limits, write R	URAL and giv	re nearest tawn)
	Sykesvi	lle		Tyr.lmo.25ds	15.	Baltimo	re	-	an Vi	e. IS RES	IDENICE
	OR INSTITUTION	AL (If nat in haspital,	give street	dodress)	ª	. SIKEET ADDRESS				ONA	FARM?
	Springfi	eld State	Hosn	itel		6577 St	. Hele	na Ave.		YES	NO 🙀
	NAME OF DECEASED		rst	Middle	317	Last	4. DATE OF	Mar	nth	/	Year
-	(Type ar print)	Elma		Umma		Roberts	DEATH	Febru		-	1961
5.	SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. DAT	E OF BIRTH		AGE (In years last birthday)	-	YEAR IF UNDE	Min.
1	Female	White	WIDOW	ED DIVORCED	77	-26-95		65 yrs.	, months	dys	74titt.
10a	. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS OR IND			ar fareign co	ountry)	12. CITIZI	EN OF WHAT C	OUNTRY?
	Housewife			-		Maryla	nd		II	S.A.	
13.	FATHER'S NAME			CE SUBS	14.	MOTHER'S MAIDEN					
	0 0				3 (4)		77				
15	Gus Ber	ISET R IN U. S. ARMED FOI	PCES2 16	SOCIAL SECURITY NO. 17.	INFORM	Amelia	Kessle	n Add	ress		
		If yes, give wor or dates of		JOHNE SECORITY (10. 17.							
	no	-		-	Sr	ringfield	Hospi	tal			
	1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									ONSET AND	
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Ca:	rcinoma of the	cer	vix				01102171110	027111
	1711	DUE TO									
	Conditions, if any, which gave rise to immediate (b)										
	cause (a), stating the <u>under-</u> DUE TO										
_	lying cause last. (c)										
0	PART II. OTH	IER SIGNIFICANT CON	ADITIONS !	CONTRIBUTING TO DEATH BI	JT NOT R	ELATED TO THE TERM	AINAL DISEAS	E CONDITION GIV	VEN IN PART	I(a) 19. WAS /	AUTOPSY RMED?
CAT	Schizophrenic Reaction, Paranoid type										
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING		CRIBE HOW INJURY OCCUR		er nature af injury in	Part I or Par	t II af item 1B.)			
CER	OR CONTRIBUTING	CAUSE OF DEATH									
	20c. TIME OF INJUR		204 1	NJURY OCCURRED 20e.	DI ACE OI	F INJURY (Hame, farr	- Tank (C:h.	an haven	10.		/Ch-h-)
MEDICAL	Haur a.m.		While	Not while	factory, s	treet, affice bldg., et	c.)	ar rawn)	(Co	iunty)	(State)
X	p. m.	19	at war		773	_		000			
	21. I certify tha	t (1) (this haspita	I) attend	ded the deceased fram)	12-28- 19	43 . to	2-23	- 1961	, that (1) (we) last
	Committee of the commit	ed alive an		=2319.61, and that							
	22a. SIGNATURE	4		- D /	dedill	decorred di 222	L. MY IT GITT	me causes an	id dir file		b. DATE
	0-1	intra.	1000	1 Character		ATTENDING N	AED.	STAFF	70.1		SIGNED
	226. PHYSICIAN'S	aconc.	<u>ce cr</u>	Cource		PHYS. D	IRECTOR [PHYS.	Febru	ary 23,	1961
	NAME/(Type)			4	1	20. ADDRESS					
	VAgus	stin del Ca	ampo,	M.D.		Springfiel	d-Hosp	ital Sy	kesvil	le Mar	yland
230	BURIAL, CREMATIO	N. 23b. DATE THERE	OF	23c. NAME OF CEMETERY				TION (City, tawn,		(State	
	REMOVAL (Specify)	2/27/67		Baltimore Na	ti one	7 Cometer	Po	ltimone			
24.	FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	MT OTTE		D BY REGIST	TRAR 25b. REGI	STRAR'S SIGN	VATURE	
			077	2 2 2 2 4							
	ULLTICH FU	meral Home	211	2 Dundalk Ave.		DATE	3 2 7 '61	0-1	Eur & FC	inis.	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the State Baard of Health priar to burial, cremation, or removal, and in any event within 72 haurs after death.

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

TO HOSPITAL

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death. Page 4

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-1	- 4	4	1

1	1. PLACE OF DEATH o. COUNTY APPOIL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mary land b. COUNTY Carroll							
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) d. NAME ON HOSPITAL (If not in hospital, give street address) OR INSTITUTION A MAIN	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Au p St EAD Mary and d. STREET ADDRESS 2.14 N. MAIN St ON A FARM? YES NO							
	3. NAME OF DECEASED (Type ar print) Sarah. I Are	Schacter DEATH Tehrway 10 1961							
	S. SEX S. SEX Cohile WIDOWED DIVORCED	B. DATE of BIRTH Sure 18, 1873 9. AGE (In years lift UNDER 14 HRS. Months Days Hours Min. Min.							
1	10a. USUAL OCCUPATION (Give kind af work done 10b. KIND OF BUSINESS OR INDU during most af warking life, even if refired) 140 US eW, fe 740 M e	MARY/and. USA.							
	SAMUEL D. Buchen	Elizabeth Zepp.							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mora Matille Hughes Hampstead Md							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under (b) DUE TO								
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)							
	OR CONTRIBUTING ET CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)							
		LACE OF INJURY (Home, farm, control of county) (Stote) (Stote) (Stote) (Stote) (Stote) (Stote)							
	21. I certify that (I) (this haspital) attended the deceased fram Dec. 1960, to Pet 10, 1961, that (I) (we) last saw the deceased alive an Pet 1961, and that death accurred at AM, fram the causes and an the date stated above. 22a. SIGNATURE ATTENDING APPLYS. ATTENDING APPLYS. DIRECTOR PHYS. 22b. DATE SIGNED 22c. PHYSICIAN SIGNATURE 22d. ADDRESS NAME (TYPE) OS C PHYSICIAN SIGNATURE 23d. BURNAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) REMOVAL (Spocify) (State)								
	24. BOTHERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS HELLIPSTEPH	Mid 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE FEB 1 4'61 Order & Trans							

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	and the second		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION. YES NO Z NAME OF DECEASED Middle 4. DATE Manth Day Year DEATH (Type or print) 196 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast birthdoy) Months WIDOWED P USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (State or foreign country) during most af warking life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES T NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (Stote) factory, street, affice bldg., etc.) o. m. While Not while of work of work 21. I certify that (I) (this haspital) attended the deceased fram. that (I) (we) last saw the deceased alive ar and that death accurred a M, from the causes and an the date stated above. 22o. SIGNATURE

22c. PHYSICIAN'S

ATTENDING PHYS. M.D. 22d. ADD

DIRECTOR .

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE THEREOF

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county)

FUNERAL DIRECTOR'S SIGNATURE

25a. REC'D BY REGISTRAR 61 DATE MAR

25h REGISTRAR'S SIGNATURE arthur S. Krous

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TO FUNERAL DIRECTOR:

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Board

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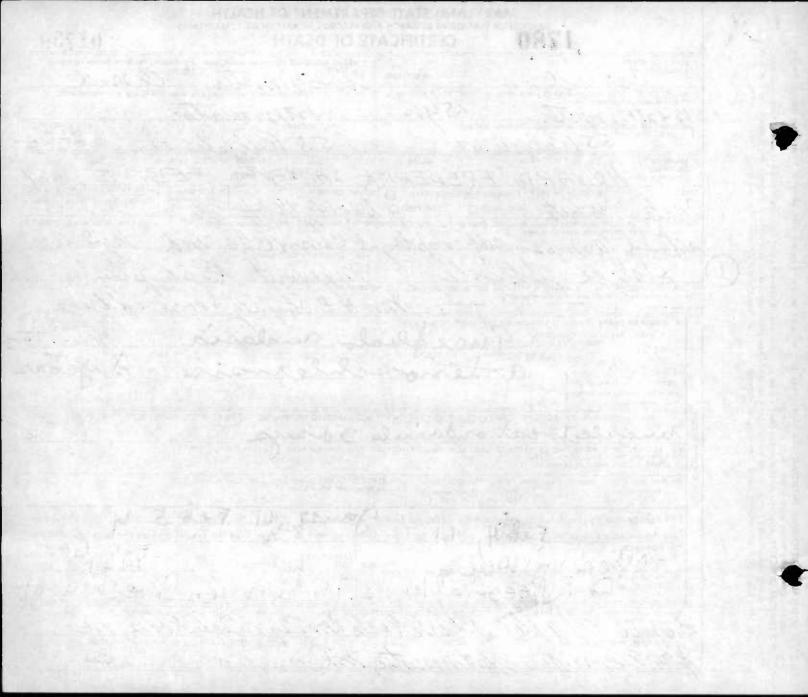
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before COUNTY o. STATE b. COUNTY MARYLAND CARROLL 41644011 b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town 2 MUITH RIDGLY DELLY PARK HNNEX d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P Monroe Ave. Monroe Ave. NAME OF 4. DATE First Middle Month Yeor Day (Type or print) DEATH 1961 bruga 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years lost birthday) IFUNDER 1 YEAR IF UNDER 24 HRS 5. SEX Months Days WIDOWED T DIVORCED YES. 10o. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) BALTIMORE TIRED MACHINISI 13 FATHER'S NAME MOTHER'S MAIDEN NAME AMELIA 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address FISHBACH - HONROE AVE 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate DUE TO cause (o), stating the underlying couse lost CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING O DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19/WAS AUTOPS PERFORMED? YES NO NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) MEDICAL 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (Stote) factory, street, affice bldg., etc.) Haur o. m. While Not while ot work at wark 21. I certify that (1) (this haspital) attended the deceased fram HPRIL 19.0 | that (1) (we) last saw the deceased alive an , and that death accurred at F_1 M, from the causes and an the date stated above. 220 SIGNATUR 22h DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR [PHYS. 22c. RHYSICIAN'S 22d. ADDRESS NAME (Type) 23b. DATE THEREOF 23d. LOCATION (City, tawn, ar county) 23g. BURIAL CREMATION. 23c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) SULTIMORE LOUDON PARI 13UR1114 24, FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR FEB 1 0 '61 DIRECTORS - BUSITIMORE MAD

ALASO SOMMARCIRAL Monroe Ave. TO THE REAL PROPERTY OF THE PR THE TANK SEE MANUAL TO THE RESIDENCE OF THE SECOND CONTRACTOR OF THE PARTY OF THE

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	1 DI	ACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived.	If institution, Peridence before	admission)
		COUNTY	MARYLAND		o. COUNTY	//
1	b.	CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate Lin	nits, write RURAL and give near	est town)
	11	RURAL and give nearest town)	15un-	halotrans-	To 17	
	d.	NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS	(e.	IS RESIDENCE
		OR INSTITUTION 55 Palh!	(t	55 Pal 1	ff. 1	YES NO
	3. NA	AME OF First	Middle	Lost 4. DATE	Month Day	Yeor
		ype or print) HOMARD	FREDERIC	of SHIPLEY DEATH 1	FEB, 5	1961
	S. SEX	6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AG	E (In years IF UNDER 1 YEAR 11 birthdoy) Months Days	F UNDER 24 HRS. Hours Min.
	11	ale white widow	ED DIVORCED	Dec 14 1814 9	6 yrs.	Min.
	10a. L	USUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDE	JSTRY 17. BIRTHPLACE (State of foreign country)	12. CITIZEN OF V	WHAT COUNTRY?
	nz	trud James Re	W. employ	ed Carroll Co. 7	md M.J	·a·
1	13. FA	ATHER'S NAME	1 31 /	14. MOTHER'S MAIDEN NAME		
1		Hazel Shi	blea	margaret R.	Shipley	
	15. W {Yes, n	(AS DECEASED EVER IN U. S. ARMED FORCES?)6.	SOCIAL SECURITY NO. 17.1	INFORMANT COLOR	Address	
	-		- KM	10 H. F. Heepley to	esone addre	ess
	16	B. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]			TAND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ucesli	alo malaci	2 2	mouth
		332× DUE TO	1 1	0 0	13	0+
		Conditions, if ony, which) (b)	terro	chlerosi	2 6 2	gears
		gove rise to immediate cause (a), stating the under-				1
		lying couse lost. (c)				
7	101	0 90 + -	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CON		PERFORMED?
	₹ .	unstell folat	branul	o saus		YES NO I
	∞ C	20b. DES OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture of injury i Cort I or Port II of	tem IB.)	
	₹ 20			LACE OF INJURY (Home, form, 20f. (City or tov	vn) (County)	(Stote)
	MEDICAL	Hour o. m. While of wor	INDI WINIE	actory, street, office bldg., etc.)		
		21. I certify that (I) (this haspital) attend	dad the deserved from	Dan 17 1011 1 Fd	\$ 5, 19101, tho	4 (I) (wa) last
		saw the deceased alive an E	1 1	7455	causes and an the date s	it (1) (we) last
		220. SIGNATURE	indian, and mar	dediti decorred de, irdin ine d	To U	22b. DATE
		Chrosseling (D)	elu >	M.D. ATTENDING MED. STA	YS. D 1961	SIGNED
	2	22c. PHYSICIAN'S	7.101	22d. ADDRESS	0	2 6 /
		NAME (Type) Lh L. Rees	revilken	s 15 rame	n livean	musto
		BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stote)
	6	MOVAL (Specify) 2/7/6/	Black Ko	Ch Chrillen Black	2 Koch Pa	
	24. El	NERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR	256. REGISTRAR'S SIGNATURE	
	X	-2 - Myers - 12 - 1 hr	strunster	MA -DATE FER 9 161	Circhar & Kraus	4
	//	1 1 1				



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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- (J	1	6	U	1

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F	1. Pt.	ACE OF DEATH	roll.		MAF	RYLAND 2	usual residence	E (Where	-	lived. If instituti b. COUNTY	-	nce befo	-	sion)
		Sykesvil			LENGTH OF STA		c. CITY OR TOWN	ksvil		ote limits, write f	RURAL and	give nec	X-	DIDENCE
	a.	OR INSTITUTION	eld State F					tter	Road				ON A	FARM?
-	D	AME OF ECEASED ype or print)	Lilly		Midd e Pears		Small.	4.	DATE OF DEATH	Febru	lary	6 , Do	,	Year 19 61
	5. SE	Female	6. COLOR OR RACE White	WIDOWED	DIVOR	ED 🗆	January		390	9. AGE (In years lost birthdoy) 71 yrs.	Months	Doys	Haurs	Min.
	10a.	during mast of work Housewif	ON (Give kind of work of ing tife, even if retired)	done 10b. KI	ND OF BUSINESS	OR INDUSTRY	Pennsy			ountry)	12.01		S.A.	OUNTRY
	3. F.	Joseph P	earson				Mary G				T.			
	15. V {Yes.	VAS DECEASED EVE	R IN U. S. ARMED FOR Ilf yes, give war or dates of s	CES? 16. SC	CIAL SECURITY N		rmant oringfiel	d Hos	spita		ds			
		Conditions, if a gove rise to it cause (o), sloting lying couse lost.	mmediote the under-	He	art fail	ure due	e to arte			disease	ė.	ONS	Year	S
	3	C.B.S. ass	ier significant con OC. With Sel								VEN IN PA	RT 1(o) 1	9. WAS PERFO YES	AUTOPS'
	CERT	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY	OCCURRED. (Enter nature of inju	ury in Port	1 or Port	II of item 1B.)				
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	20d. INJ While at work	URY OCCURRED Not while of work		OF INJURY (Home y, street, affice bld	g., etc.)	20f. (City			(Caunty)		(Stote
			t (I) (this haspital		d the decease	d fram. J	an. 27,			reb. 6,				
		22c. PHYSICIAN'S NAME (Type)	J. Raymo	nd Gla	adue, M.D	duly.	22d. ADDRESS		TOR Hos	staff X phys. X	ykesv	rille	16/6	SIGNE
ı														

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by 18e funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

ATTENDING PHYSICIAN: The law requires that the death cerificate be executed within 24 haur

death. Page 4

TO HOSPITAL VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	HCAYE OF DEATH		The second second
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			normal programs of a factor
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		L. Tilleton	Seattle Residence of the

SCREET IN COLUMN STREET, SPIN WARRANTS TO A COLUMN STREET, DESCRIPTION OF STREET, SPIN STREET, S

VS A1S (4) 1SM 9/58

		1783	CERTIFIC	ATE OF DEATH	1	Reg	Dist. No. 1762
1.	PLACE OF DEATH	2ROLL	MARYLAND	2. USUAL RESIDENCE (Who a. STATE	ere deceased live		
	b. CITY OR TOWN (IF RURAL and give new VESTM		S MO.	c. CITY OR TOWN (IF o	utside carpozete 1	Tmils, write RURAL	and give nearest town)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, give street) INERT	AUE,	d. STREET ADDRESS 6 NI ME	RI	AVE.	e. IS RESIDENCE ON A FARM? YES NO 🗗
3.	NAME OF DECEASED (Type or print)	OLEVIA	EVA.	SMITH	4. DATE OF DEATH	FE B	Day Year 23 196/
1	FEMALE	WHITE WIDOW	RRIED NEVER MARRIED DIVORCED DIVORCED	S. DATE OF BIRTH	69 10	92 yrs. Mar	
7	during mast of wark	ON (Give kind of wark dane 10th ing life, even if retired)	b. KIND OF BUSINESS OR INDI	PENNSY	LVAN	119	M. S. A.
	SAMUZ	EL LIPF	N	14. MOTHER'S MAIDEN N		TH:	
	s, no, or unknown)	R IN U. S. ARMED FORCES? If yes, give war or dates of service)	4	ED, A. GRU	UE, NE	STMINS,	TER, MD, RDE
		TH [Enter anly ane cause per TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ine far (a), (b), and (c).] EREBRAL	EMBOLIS	М		INTERVAL BETWEEN ONSET AND DEATH Thereals
	Canditians, if an	nmediate Dus TO	ac left few	und			10 days
NOI	lying cause last. PART II. OTH	(c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM!	NAL DISEASE CO	NDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY
IFICATIO			ESCRIBE HOW INJURY OCCURR				PERFORMED? YES NO
AL CERT		S UNDERLYING 20b. DE CAUSE OF DEATH MEDICAL EXAMINER)	ell on floo	LACE OF INJURY (Hame, farm			(C
MEDIC	Haur a. m.	While	To I	actory, freet, affice bldg., etc.		Manuale	(County) (State
	21. I certify the	at I attended the deced - 12 2				causes and ar	I last saw the deceased the date stated above
	ACTUAL SIGNATURE	was I. M	(arch)	_M.D	ADDRESS (Street,	city ar tawn, state)	2 323 -6
	PHYSICIAN'S NAME (Type)	JAMES T	MARSH	Wasterie	xten	mi	
1	BURIAL, CREMATION	2/25/6	22c. NAME OF CEMETERY	IET, CEMEN	TRU A	City, tawn, ar cau	ER Pa
23.	FUNERAL DIRECTOR'S	yes, & M	ADDRESS ADDRESS	A MO DATE FE	B 2 7 '61	24b. REGISTRAR	S. Kraus

MARYLAND STATE DEPARTMENT OF HEALTH_RAITIMODE 18

1289 CERTIFICATE OF DEATH the way to be and the same of E & William Commence of the Commence of th death. Page 4

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND OF DEATH

Maryland

d. STREET ADDRESS

Cumberland

122 Bedford Street

MARYLAND

c. LENGTH OF STAY IN 1b

17 days

01763

e. IS RESIDENCE ON A FARM?

YES NO X

Allegany

b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

27	CERTIFICA	TE OF DEATH	07.503
1) 1		2. USUAL RESIDENCE (Where deceased lived. a. STATE	If institution: Residence before admission)

	170/
D	1. PLACE OF DEATH o. COUNTY Carroll
7	b. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town)

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Svkesville Springfield State Hospital

by we funeral directar, d 2 shauld be filed with and .= Pages 1 completely filled and in any event, within 72 haurs ofter death. carbon papers. offending physician and please remove þ may be retained by the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by page 3 should be detoched far use as the burial-transit permit. the State Board of Health prior ta burial, crematian, ar remaval,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

VR A15 (4) 15M 9/S9

	NAME OF DECEASED	Firs	t	Middle	Last	4. DATE OF	Mont	h	Da	y	Year
	(Type or print)	Sar	rah	Harriet	SMITH	DEATH	2	_	1	1	1961
S. S	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER			
	female	white	WIDOWED X	DIVORCED	12-23-75		85 yrs.	months	Days	Hours	Min.
10a.		N (Give kind af wark d ing life, even if retired)		F BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign o	country)	12. CIT	IZEN OF	WHAT	OUNTRY?
	Housewife				England			U	S.A		
13.	FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
	Robert Sq	uibb			Harriet 1	Brown					
		R IN U. S. ARMED FORCE		SECURITY NO. 17.	INFORMANT		Addr	ess			
1.00	No	ir yes, give war ar adies or so			Springfield S	tate H	espital R	evor	ds		
	18. CAUSE OF DEA	TH [Enter only one cau	use per line for (LINTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Acute	parotitis						days	
	053	/ DUE TO	acute	PATORIOTS		7 144				ad 3	
	Conditions, if a	and the A	Conti	acmi-						dorra	
H	gave rise to it		Septi	cemia	Consideration Constitution					days	
	lying couse last.	the under-	Staph	ylococcus	pyogenus						
z		(c) SER SIGNIFICANT CONF	OITIONS CONTRI	RUTING TO DEATH BE	JT NOT RELATED TO THE TERM	AINAL DISEAS	SE CONDITION GIV	FN IN PAI	RT 1(o) 1	9. WAS	AUTOPSY
ATIO									(4)	PERFC	RMED?
FIC	20a. ACCIDENT WA	SUNDERLYING O	20h DESCRIBE H	TTETLOSCIE	rosis, with particle of injury in	Port Lar Pa	rt II of item 18.)	.On.		163	NO M
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH	ZVD. DESCRIBE TI	OV HOOK! OCCOM	LED. (Ellier horore or sinjor) in						
- 1	20c. TIME OF INJUR		r 20d. INJURY	OCCUPPED 20e F	PLACE OF INJURY (Home, for	m 206 (Cit	v or town)	-	County)	-	(Stote)
MEDICAL	Hour a.m.	1 <i>M</i> JOHH, Day, 180	While _ N		actary, street, affice bldg., et		y or rownj		County)		(31076)
А	21. I certify tha	t (I) (this haspital)	attended th	e deceased from	1-26	61 to	2-11	19_	61, th	at (1) (we) last
		ed alive an 2-	11 1	961 and that		M frem	The causes an			. , .	- 1
П	220. SIGNATURE		1 1 0	/					-		b. DATE
	Cla	ustin	Vel C	rupo		AED.	STAFF PHYS. X			2-1	SIGNED
	22c PHYSICIAN'S				22d. ADDRESS						
	NAME (Type)	Agustin de	el Campo	. M.D.	Sykesvil	le, Ma	ryland				
23a	BURIAL, CREMATIO			MAME OF CEMETERY			TION (City, town, o	or county)		, (Stat	(e)
1	MOVAL (Specify)		61 0	9. Mary	ye (em.	Cu	imber	long	2	m	a
24.	FUNERAL DIRECTOR	S SIGNATURE	0 ^	DDRESS	25a. REC	D BY REGIS			-		
1	forus,	slein	Inc (umb	MATE P	EB 1 5	'61 a	rthug 2	. Tha	MA.	
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Tradition of the state of the s THE RESERVE OF THE PROPERTY OF YLAND STATE DEPARTMENT

	NAME OF TRANSPORT	MEATERFIC	BYATE WHATEA	The second		
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Paperty 36, 1961				61 21 an 2112d		
	The second second					

			1786		CERTIF	ICATI	OF DEAT	Н		Reg. Dist	. No. () 1	1765
1	1. P	LACE OF DEATH					USUAL RESIDENCE (W	here decease	d lived. If institu		befare admi	issian)
(A,A,B)		Carı			MARYL	AND	Maryland	A Line	B. COUNT			
	ь	. CITY OR TOWN (II RURAL and give ne	f autside carporate limi arest tawn)	ts, write c. Li	ENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF	autside carpo	rate limits, write	RURAL and giv	re nearest tav	wn)
		Sykesvill	le		month-5	days	Baltimore	≥ 18	200	W.C.I.	- 4-	
0 10	d	OR INSTITUTION	AL (If not in haspital, g	ive street addre	55)		d. STREET ADDRESS					A FARM?
4		Springfie	eld State F	Mospital			5 St. Mar	tins R	oad		YES [NO IX
		IAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mo	onth	Day	Year
		Type or print)	Edith				Stewart	DEATH	Februa	_	3	19 61
	5. S	3 3 5 E W			NEVER MARRIED		ATE OF BIRTH		9. AGE (In year last-bigthday)		YEAR IF UNE	
		Female	White	WIDOWED [2-3-76		O5 yr	s.		
75	10a.	during most of work	ON (Give kind of work ing life, even if retired	dane 10b. KIND	OF BUSINESS OR	INDUSTRY					EN OF WHA	T COUNTR
		Housewife		-	•		Washing		.C.	U.	S.A.	
	13. 1	ATHER'S NAME				14	. MOTHER'S MAIDEN	NAME				
T		Phirip O	- 4				Unknown					C 76
			R IN U. S. ARMED FOR It yes, give wor or dates of s		AL SECURITY NO.	17. INFO				ldress		
		-			-	Sp:	ringfield l	Hospit	al Recor	rds		
			TH [Enter anly ane co	use per line far	(a), (b), and (c).]						INTERVAL E	DETWEEN
		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Corc	nary Occ	Lusio	n					
	3	420	DUE TO									
		Conditions, if ar		Arte	rioscler	otic (Cardiovasc	ular D	isease		Yea	rs
		gave rise to in cause (a), stating t										
	-	lying cause last.) (c	/								
	CATION	PART II. OTH	IER SIGNIFICANT CON	DITIONS CONTI	RIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERM	NINAL DISEAS	E CONDITION G	IVEN IN PART	PERF	ORMED?
0		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OC	CURRED. (Er	nter nature of injury in	Part I or Par	1 II of item 1B.)			144
0	- 1		Y Manth, Day, Yes	or 20d. INJURY	OCCURRED 2	0e. PLACE (OF INJURY (Home, for	m, 20f. (City	ar tawn)	(Co	unty)	(State)
	MEDICAL	Haur a.m. p.m.	19	While at work	Nat while	factory,	street, affice bldg., et	c.)				
	- 1		at I attended the			20	10 60 4-	Feb 3	10 6	1		
4		alive anFel	V.a2.3	., 1901	, and that c	leath acc	curred at 4:30		n the causes treet, city or town			ited abav DATE SIGN
		ACTUAL HE	rus ff	Klo	ratul	M.D.	Sp. 1	ield	2 Short	~ 160	yet	e
		PHYSICIAN'S NAME (Type)_He:	inz H. Klas	atsch M.	D. S	pring	field Stat	e Hosp	., Sykes	sville,	Md.	
						EDY OD CD	FMATORY	1224 LOCA	TIONI (C')			
	22a.	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC	0F 22c.	NAME OF CEMET	EKI OK CKI	EMATORT	220. LOCA	TION (City, tawn	ar county)	(Sto	ote)
		Burial	2-7-6		Mt. Mo			Phi	ladelphi	a Pen	nsylva	,
	23 1	REMOVAL (Specify) Burial	2-7-6			riah	24a. REC		ladelphi	,,	nsylva	- '

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	erc. Take Margaret Care	CHO TENOVE . THO
W. 10 W		

Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND POR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH ALEP PLACE OF DEAT 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) director, Pege or your files. a. COUNTY a. STATE b. COUNTY Health arroll MARYLAND Ma b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give neerest lown) write RURAL and give nearest town) ō' Westminster Westminster d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE 8 ON A FARM? O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any can please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, end 3 to the funeral 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Pege 5 may be retained to the VEUNERAL DIRECTOR: Page 3 should be used as a burish-transit permit. File pages 1 and 2 with the State Broth is designated agent. Driver to herrial prematics. Pleasant Valley Pleasant Valley YES NO 3. NAME OF Middle DATE Month **Уевг** DECEASED OF (Type or print) Henry DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | B. DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. lest birthday) Male Months Hours Min. WIDOWED TO DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Maryland Laborer File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ---Stone Maria 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivawarordetesofservice 2666 Mrs. Ruth Davis. 10 Linwood Dr. Ellicott 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geva rise to immediate cause DUE TO (a), stating the undarlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. MEDICAL 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) factory, street, office bldg., atc.) While Not While et work at work 21. I certify that I took charge of the remains described above, held an Autopsy [1], Inspection V Inquiry and in my opinion death resulted from: Accident Suicide Undetermined manner Natural causes Homicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Street, city, town, or county) DATE THEREOF 228. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) Burial 20/61 Loudon Park Baltimore 248. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE Funeral Director. **VS. A15ME** Edmondson Ave 5M 7/59 FEB 2 0 '61 Out of King

MARYLAND STATE DEPARTMENT OF HEALTH

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Pleasant Valley

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Brial . ob. 23/51 Lowcon Park

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. L. stomit fed

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haury

er death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	1	788	т	CERTIFIC	CAT	E OF DEATI	H			(117	67
	PLACE OF DEATH					2. USUAL RESIDENCE (Where decease		on: Resider	nce before	re admiss	ion)
	o. COUNTY	Carroll		MARYLA	ND	o. STATE Maryl	and	b. COUNTY	Car	roll		
-	b. CITY OR TOWN (If	Foutside corporate limi	ts, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (I	f autside carpo	rate limits, write R	URAL ond	give nec	rest town	1)
		vkesville		60yr.6mo.160	la.	37 Westm	inster					
	d. NAME OF HOSPITA	AL (If not in hospitol, g	jive street	address)		d. STREET ADDRESS					e. IS RES	IDENCE FARM?
	SPRING	FIELD STAT	E HOS	PITAL								NO 🛚
3.	NAME OF	Fir	st	Middle		Last	4. DATE	Mon	th	Da	у	Year
	DECEASED (Type or print)	Rose		Α.	5	TURGIS	OF DEATH	FEBRUA	RY	5		1961
S. 5	SEX	6. COLOR OR RACE	7. MARE	HED MEVER MARRIED	☐ B.	DATE OF BIRTH	Well-	9. AGE (In years	IF UNDER			
T	Temale	White	WIDOW	DIVORCED [Unknown		102? yrs.	Months	Days	Hours	Min.
	. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS OR I	NDUST	RY 11. BIRTHPLACE (Sto	te or fareign c	ountry)	12. CIT	IZEN OF	WHAT	OUNTRY
	Housewife		'			Marylar	nd			U.S	.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	John Mars	h				Unknown	1					
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT		Addı	ress		, LE	
1.6	No	ir yes, give war or dates of s	ervicej		Но	spital reco	ords					
	18. CAUSE OF DEA	TH [Enter anly one co	use per li	ne far (a), (b), and (c).]						INTE	RVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	Br	onchooneumon	ia					ONS	ET AND	
	450	DUE TO		OHO TO THE WAY				300				
	Conditions, if or	ny, which) (b	Ge	neralized ar	ter	iosclerosis					Year	S
	gove rise to in	mmediote (HOTCHIED W	002	20002.01002.0		1 1 1 1 1 1				
	couse (o), stoting to lying couse lost.	the <u>under-</u>										
NO	PART II. OTH		,	CONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY
ATI	Schizoph	renia, par	anoid	type.							_	RMED?
CERTIFICATION	200. ACCIDENT WA	S UNDERLYING		CRIBE HOW INJURY OCC	URRED.	(Enter noture of injury i	in Port I or Par	rt II of item 1B.)				
CER	(IF EITHER, NOTIFY	CAUSE OF DEATH MEDICAL EXAMINER)										
CAL	20c. TIME OF INJUR	Y Month, Day, Ye		NJURY OCCURRED 20		E OF INJURY (Home, fo		y or town)	(County)	-	(Stote
MEDICAL	Hour o.m. p.m.	19	While of wor	Nat while	rocto	ory, street, office bldg., o	etc.)					
		+ M (this hospita		led the deceased fr	om .	Inly 19	900 , to	February	5 106	1 1	- 2X /	wal las
	saw the decase	ed ofive an Feb	ייי בוריי	7 5 10 67 and the	ot do	oth occurred ot						
	220. SIGNATURE	ed offe diff	7 7000	Last / Ond II	ioi de	oil occorred or	2741, 11 0111	me couses on	u on m	e dote		b. DATE
	3/0	1 A Bar	IN		м	D. PHYS.	MED.	STAFF PHYS.			3-	SIGNE
	22c. PHYSICIAN'S	1/1000	1,0-			001150000		eld State	e Hos	nits	7	
	NAME (Type)	Ilse Kam	m, M.	. D.		01	Sykesv	ille, Ma	rylan	g	4-1	
230	PUMAL, CREMATIO	N, 23b. DATE THEREC)F	23g. NAME OF CEMETE	RY OR	CREMATORY		DONIGHT Jown,			/ (Stat	e)
C	REMOVAL Specify)	2-7-6	1 "	M ann	Mone	12	Ba	com in	£ 6	Ma	,	
24.	FUNERAL DIRECTOR'S	S SIGNATURE	- 1/	ADDRESS	1	2Sa. RE	C'D BY REGIS	TRAR 25b. REGI	STRAR'S SI	GNATU	RE	

TO HOSPITAL VR A1S (4) 1SM 9/S9

	THE THE LABOR TO STATE OF THE PARTY OF THE P	ATTENDED
Barbara de la		

FOR STATE HEALTH DEPT.

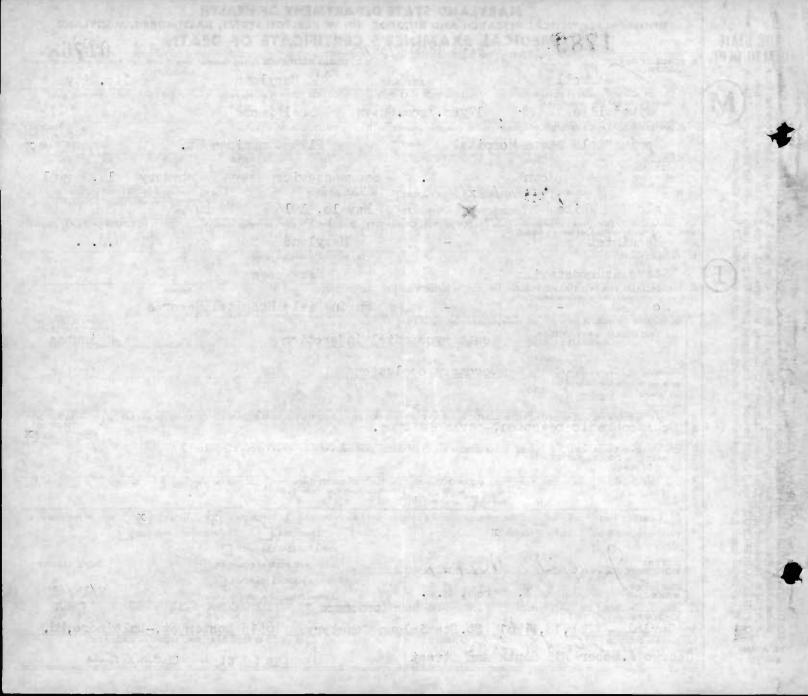
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any downs necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funer director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its decimated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
178 (IMEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1.18 DWEE	PICAL	EXAMIN	ER'S	CERTIFICA	TE OF	DEATH		017	8.9
1	. PLACE OF DEATH	1	E-11 - 11-12		4 47	2. USUAL RESIDEN	CE (Where de			esidence beto	re admission)
		Carroll		MARYI	AND	. STATE Mar	yland	b. COUN	Balt	o. City	7 1
7	b. CITY OR TOWN (if outsida corporate limit	is, c	LENGTH OF STA	Y IN 1b	c. CITY OR TOWN	If outside corpo	rate limits, writ			
I	Sykes	give neerest town)	17	7yrs.7mos	.8day	s Balt	imore		30	61-	4
	d. NAME OF HOSPIT	TAL OR INSTITUTION (f not in hospite	al, give street addre	\$5)	d. STREET ADDRESS					RESIDENCE
	Springi	Pield State	Hospit	tal		2125 C	ambridg	e St.		YES	
3	NAME OF DECEASED	First		Middle		Last	4. DATE OF	Montl	1	Day	Year
	(Type or print)	John		М.	Sz	urmaszewicz		Febru	ary	14,	1961
1	S. SEX	6. COLOR OR RACE	7/MARPHED Z	NEVER MARRIED	8.	DATE OF BIRTH	9.	AGE (In yeers last birthdey)			DER 24 HRS.
	Male	White	WIDOWED	DIVORCED		ay 16, 1916	9 19 1	ЦЦ yrs.	Months D	Peys Hour	s Min.
1	Oe. USUAL OCCUPAT	ION (Give kind of work rking life, even if retire	10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (State	or foreign coul	ntry)	12. CITIZ	ZEN OF WHA	T COUNTRY?
	Machini		-	-		Maryland			U	J.S.A.	
1	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	Steve S:	zurmaszewic	Z			Mary R	ose				
	5. WAS DECEASED EV	ER IN U.S. ARMED FOR	CES? 16. SO	CIAL SECURITY NO). 17. IN	FORMANT		Address			
	No	fyes give werordetes of se		-	S	pringfield	Hospita	1 Recor	ds		
		EATH [Enter only one	cause per line	for (e), (b), and (c)	.]	A STANFEL				INTERVAL ONSET AN	
1	PART I. DEAT	H WAS CAUSED BY: IMMEDIATE CAUSE (a)_	Acui	te myocar	dial	infarction				Minu	
	120	DUE TO									
	Conditions, if eny	1 1-1"	Cor	onary occ	lusic	n				Minu	tes
	gave rise to immedi (a), steting the u	DUE TO									
	cause lest.) (c)									
	Schizophi	renic react	ions contri	BUTING TO DEATH	voe.	RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIV	EN IN PART		S AUTOPSY RFORMED?
NOTE A DISTANCE					1					YES	NO [2
11202	20e. EXTERNAL CA		Db. DESCRIBE	HOW INJURY OCC	URED. (En	ter nature of injury In Par	rt I or Part II of	item 18.)			
A CONTRACT	20c. TIME OF INJU	RY Month, Day, Yes	While _	URY OCCURRED		E OF INJURY (Home, farm y, street, office bldg., etc		or lown)	(Coun	ty)	(State)
1 27	p.m.	19	at work	at work							
	21. I certify th	at I took charge o	f the remain	ns described abo	ove, held	an Autopsy,	Inspection	X, Inqui	y _X _	and in my	opinion
	death resulted f	rom: Natural ca	uses X,	Accident [],	Suicid			letermined m	anner		
	ACTUAL (5	500	4		CHIEF MEDICAL	EXAMINER				
	SIGNATURE	annes I.	In	HON	3.77	_M.D. ASSISTANT MED		R 🗌		DATE	BIGNED
	EXAMINER'S NAME (Lype)	James T	. Marsh	n, M.D.		DEPUTY MEDICA Address (Street,	_	ounty)		2/15/	/61
2	2a. BURIAL, CREMATIO REMOVAL (Specify)		OF 22	c. NAME OF CEMI	ETERY OF			ON (City, town	, or country)	(State)
	Burial	Feb. 18, 1	961 , 5	t.Stanisl	aus C	emeterv	6515 Bo	ston St	,-Balt	timore	Md.
1	3. FUNERAL DIRECTO	Grown G	Weber	ADDRESS		24a. REC	'D BY REGISTR	AR 24b. REG	ISTRAR'S SIC	SNATURE	
	George A. W	eber 705 Sö	uth Ani	n Street	7.50	DATE	B 1 7 '61	a	Thur S.	Kraus	

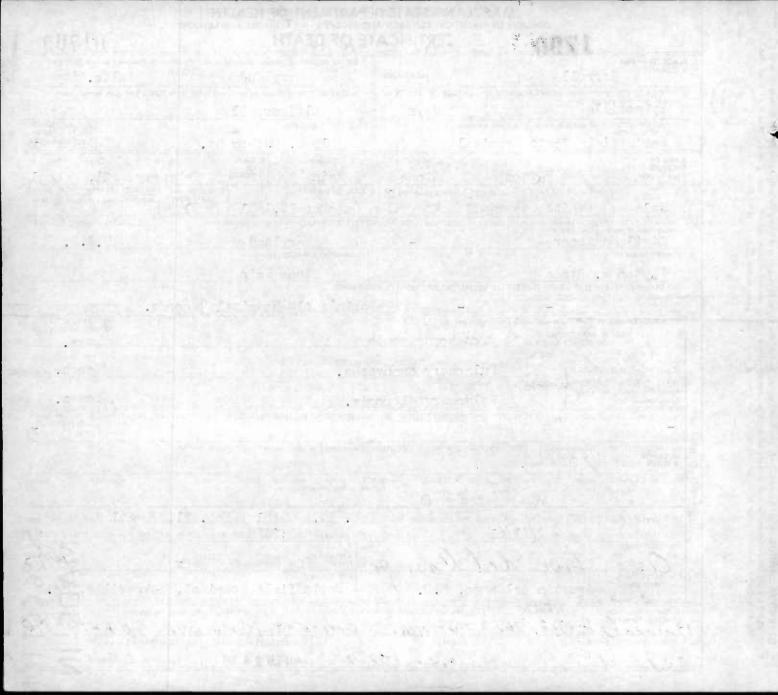


VR A1S (4) 1SM 9/59

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		-			DECEADOLL				-			-		

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

1791	T+	CEKIIFI	CAIL	OF DEATH	1			()17	03
1. PLACE OF DEATH		com / Film o	2.	USUAL RESIDENCE (V	Where decease		on: Residenc	e before admi-	ssion)
o. COUNTY Carroll		MARYL	AND	o. STATE Mar	yland	b. COUNTY	Ba.	lto.Cit	y /
b. CITY OR TOWN (If outside corporate	limits, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (I	f autside corpo	orate limits, write R	URAL ond gi	ive nearest tow	vn)
RURAL and give peorest town) Sykesville		7 days		Baltim	ore 31		31	101	4
d. NAME OF HOSPITAL (If not in hospi OR INSTITUTION	tat, give street	address)		d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
Springfield Sta	te Hosp	ital		16 S.	Durham	St.	100.11		NO
3. NAME OF DECEASED	First	Middle	0000	Last	4. DATE OF	Man	th	Day	Year
(Type or print)	ayton	Stone		Vain	DEATH	Febru	ary	21,	19 61
S. SEX 6. COLOR OR RA	ACE 7. MARR	IED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years		YEAR IF UND	1
Male White	WIDOWE	DIVORCED		October 18	,1881	79 87 yrs.	Months	Days Hours	Min.
190. USUAL OCCUPATION (Give kind of w during most of working life, even if re	vork done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	te or foreign c	country)	12. CITIZ	EN OF WHAT	COUNTRY?
Civil Engineer	cu,	-		Mary	land			U.S.A.	
13. FATHER'S NAME			1-	4. MOTHER'S MAIDEN	NAME				
Payton S. Stone				Anna	Vain		1.50		
15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
No -		-	Sp	ringfield	Hospita	al Record	s.		
1B. CAUSE OF DEATH [Enter only or	ne couse per lir	ne for (o), (b), and (c).]						INTERVAL B	ETWEEN D. DEATH
PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: SE (o) B	ronchopneum	onia					Davs	DEAM
636 X DU	E TO								7 7 5
Canditions, if ony, which	(b) P	ulmonary em	physe	ma.				Years	5.
gave rise to immediate cause (o), stoting the under-	IE TO					THE ATE			
lying couse last.	(c) P	ulmonary fi	brosi	s.				Years	5 .
PART II. OTHER SIGNIFICANT	CONDITIONS C	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART	1(o) 19. WAS	AUTOPSY ORMED?
- CAI								YES [
PART II. OTHER SIGNIFICANT 200. ACCIDENT WAS UNDERLYING I OR CONTRIBUTING II CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMIN	ATH	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury i	n Port I or Par	rt II of item 1B.)			
		THE PERSON OF TH	0- 01465	OF INDUSTRY (II f.	1005 (5')				(5)
20c. TIME OF INJURY Month, Day, Haur o. m. p. m.	While	NJURY OCCURRED 2 Not while		OF INJURY (Home, fo , street, affice bldg., e		y or town)	(C	aunty)	(State)
	19 at war	0 0.1							
21. I certify that (I) (this has									
saw the deceased alive an	2/21/61	19, and t	hat deat	h accurred at 3.	200P Mram	the causes an	d an the		
220. SIGNATURE	1	10	//	ATTENDING PHYS.	MED.	STAFF		2	26. DATE
122c. PHYSICIAN'S	- de	& Chris	JAM.D.	PHYS. 22d. ADDRESS	DIRECTOR	STAFF PHYS. DK		-21	22/01
	n delCa	mpo, M.D.	0		eld Ho	spital, S	ykesv	ille, N	¹ d•
23a. BURIAL, CREMATION, 23b. DATE TH	IEREOF	23c. NAME OF CEMET	ERY OR C	REMATORY	23d. LOCA	TION (City, town,	or county)	(Ste	ote)
BEMOVAL (Specify)	1961	PATTOR	FC	EMETER	Y KOR	HH AVE	B	ALTO	· MC
24. FUNERAL DIRECTOR'S SIGNATURE	/	ADDRESS	01		C'D BY REGIS		STRAR'S SIG		
Tellock /	10/01	ellegene	THE	Tex DATEF	EB 2 4 '6	il Cir	Hun S. 1	Traus	



TO HOSPITAL

VR A1S (4) 1SM 9/S9

		policy	3Ari	,	
- 6	1 8	17	6	4	3
- (11	6	-	8.	ı

		-									
1. PLACE OF DEATH a. COUNTY	CAT NEEDS OF		MARYL	AND	2. USUAL RESIDENCE (W. a. STATE		b. COUNTY				ion)
b CITY OR TOWN	If autside carporate lim	its write	c. LENGTH OF STAY II		Maryland			rede			1
RURAL and give n	earest tawn)						110		0)	X -	1
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, §		Ilyr.5mos.3d	as.	d. STREET ADDRESS	reder1	ck			e. IS RESI	IDENCE FARM?
	d State Ho	spita	1		_	Section .					NO 🗆
3. NAME OF DECEASED	Fi		Middle		Last	4. DATE OF	Mar	th	Da		Year
(Type ar print)		lliam			Watkins	DEATH	Tent uc		7		1961
S. SEX	6. COLOR OR RACE		IED NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years last birthday)	Months	Days	Haurs	Min.
Male	White	WIDOW			3-14-1879		81 yrs.				
10a. USUAL OCCUPATION during mast af war	ON (Give kind af wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (State	e or fareign o	cauntry)	12. CIT	IZEN OF	WHATC	OUNTRY
Karm worke	er		-		Maryl				U.S.	A	17-4
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	lard Watki				Lottie	Willia			16		
15. WAS DECEASED EVE [Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of t	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress			
No			-		Springfield	State	Hospital				
	ATH [Enter anly ane co	use per li	ne far (a), (b), and (c).]							ERVAL BE	
PART I. DEA	ATH WAS CAUSED BY:	, Me	tastatic ca	reir	oma. left i	กตาร่กล	region			Mon t.	
170	DUE TO		OGD OG OLO CO		Contag Ici v I	LA SCHOOL AND	* * * * * * * * * * * * * * * * * * * *			101000	
Canditians, if	iny, which) (t	, Ca	rcinoma of	pen	is					Year	s.
gave rise to i	mmediote ()	77	1							
lying cause last.	the under-										
PART II. OT	HER SIGNIFICANT CON		CONTRIBUTING TO DEA	TH BUT	NOT RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GI	EN IN PA	RT 1(a) 1	9. WAS /	AUTOPSY
PART II. OT Bronchor CBS association of CBS associa	neumonia.	ehral	arterioscl	ero	sis with psy	chotic	reaction	n			RMED?
20a. ACCIDENT W	AS UNDERLYING				. (Enter nature of injury in						
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)										
20c. TIME OF INJUI Haur a. m.	RY Manth, Day, Ye				CE OF INJURY (Hame, far ary, street, affice bldg., e		y ar tawn)		(Caunty)		(State
Haur a.m.	19	While at war	Nat while	Idc	ary, sireer, diffice blog., e	()	-				
	at (I) (this hasnita	l) attend	led the deceased f	ram	9-4-1	9 59. ta	2- 7	- 196	1 . th	at (I) (wel las
	sed alive an				eath accurred at A						
22a. SIGNATURE	+ 1	10	1							221	b. DATE
dan	elm del	(umbo		A.D. PHYS.	MED. DIRECTOR [STAFF PHYS.	Febru	ary	7, 1	SIGNED
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS						
	n del Campo	, M.I).		Springfiel	d Hosp	oital, Sy	kesvi	lle,	Mar	ylan
23a. BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THEREG	OF .	23c. NAME OF CEME				TION (City, tawn,			(State	e)
/Burial 24. FUNERAD DIRECTOR	Feb. 10	1301	Mt. Olive	TL_Li		D BY REGIS	erick Me	STRARSS	GNATU	RE	
Makett	10 6/2/	han	h The	ed!	Ma DATE	FEB 9		Irthur	8. th	aus	
Jeruen 1	1 11/1/1/1	1811	-/		DAIL	-					

	Braha L. L. C.		
	of tell same in	To a Laurence of the College of the	
		EL TILLET SHOW DA	
. The state of the	Tall Telepanterus	Signal Andrews	
of English Constant of State			
haden (Ambert	Vacanti del	.m. a .001,01 .00	

VR A15 (4) 1SM 9/59

	1709	ION OF	CERTIFICAL RESEARCH A	AND RECORDS — BATE OF DEA		MARYLAND		011	77	
1. PLACE OF DEATH a. COUNTY	erroll		MARYLAND	2. USUAL RESIDENCE O. STATE	E (Where decease	ed lived. If instituti b. COUNTY		before o		iofi)
b. CITY OR TOWN (If autside carporate limi	ts, write	c. LENGTH OF STAY IN 16	+	-	orate limits, write R			87)
Sykesvi			1 month		Ltimore]	18	BV	01	and?	
OR INSTITUTION	ield State			d. STREET ADDRE	Harford	Road		(ON A	PARM?
3. NAME OF DECEASED	Fir	st	Middle	Last	4. DATE	Mar	nth	Day	Υ	Year
(Type ar print)	Milt	on	Gary	Whitmore	OF	Feb	ruary	14	, 1	1961
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	_		
Male	White	WIDOWE	DIVORCED	August 31	1, 1881	79 yrs.	Manths D	ays H	laurs	Min.
10a. USUAL OCCUPATION	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE	(State ar fareign	country)	12. CITIZE	N OF W	HAT C	OUNTRY
Plastere	king life, even if retired	1	-	Maryl	Land			U.S.	A.	
13. FATHER'S NAME				14. MOTHER'S MAII	DEN NAME					
John T. V	Vhitmore			Many Mi	ller					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Add	ress		49	
No	(if yes, give wor or dates or s		2-10-3040	Springfield	Hospita	al Record	S			
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO ny, which (b) mmediate	Rens Gene	ne for (a), (b), and (c).] al insufficien eralized arter			lerosis			ars	DEATH
lying couse last. PART II. OTH Bronchopi	HER SIGNIFICANT CON Neumonia, b	ilate	CONTRIBUTING TO DEATH BU				VEN IN PART	P		AUTOPSY RMED? NO
OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUI Haur a.m. p. m.		ar 20d. It		LACE OF INJURY (Hame actory, street, affice bld		y ar tawn)	(Ca	unty)		(State
21. I certify the saw the deced 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Agustin d	of war	ded the deceased fram. 13961, and that Carylo The property of the control of t	M.D. ATTENDING PHYS. 22d. ADDRESS Springf	6:16AMom MED. DIRECTOR Tield Hos	spital, Sy	kesvil	date st	22b /14	abave b. DATE SIGNE 1/61
23a. BURIAL, CREMATIC REMOVAL (Specify BURIAL	2/16/	OF 6/	23c. NAME OF CEMETERY OF	PARK	134	LTO M	10		(State	e)
24. FUNERAL DIRECTOR	'S SIGNATURE	361	ADDRESS /		REC'D BY REGIS	4.7	ISTRAR'S SIGN	ATURE		

MARYLAND STATE DEPARTMENT OF HEALTH

the state of the s TOWN THE PROPERTY OF THE PROPE AND THE PARTY OF THE PARTY. A street of Francisco The tint of the months of the The second secon THE PERSON OF TH death. Page 4

TTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

01779

8		1	7
	1. PLACE OF DEATH		

	1	793		CERTII	FICA	TE OF DEAT	ГН				() T	6.6
	PLACE OF DEATH Ca	rroll		MAR	YLAND	2. USUAL RESIDENCE o. STATE	(Where deco	eased lived. If institu b. COUN	V	ence befor		on)
	b. CITY OR TOWN (IF RURAL ond give ne- Sykesville	outside corporate limi orest town)	ts, write	3yrs.3mos.			(If outside co	orporote limits, write	RURAL ond	give neo	rest town)	
-	or institution opringfiel	AL (If not in hospital, g d State Ho	ive street spita	oddress)		d. STREET ADDRES		Avenue			ON A I	FARM?
	NAME OF DECEASED (Type or print)	Fir Will:		Middle Evans		Whitter	4. DA OF DE		onth	Do:		961
5. 5	Male	6. COLOR OR RACE White	7. MARR	DIVORCE		B. DATE OF BIRTH Dec. 31,	1882	9. AGE (In year lost birthday 78 yr	Months	R 1 YEAR Days	Hours Hours	R 24 HR: Min.
	Decorati	ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	Mary	Land	gn country)	12. CI	U.S	what co	DUNTRY
3.	William	E. Whitter	, Sr.			14. MOTHER'S MAID	en name e Gadde	ess				
		R IN U. S. ARMED FOR If yes, give wor or dates of si		social security no 218-18-9		iformant Sprin	ngfiel	A d Hospital	dress Reco	ords		
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	N/s	e for (o), (b), ond (c)		arction, old	d and	new	7	ONS	RVAL BET	DEATH
	Conditions, if or gove rise to in	nmediote ()	oronary ar						Y	ears	•
z	lying couse lost.	(c	So			e brain due			IVEN IN PA		eeks	UITOPS
FICATIO	phrase	. Convulsi	n cer ve di	sorder of	unkn	clerosis wi	Lthout	qualifyir	ng		PERFOR YES 🔄	KWED
L CERTI	OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	KIBE HOW INJURY	CCURKE	D. (Enter noture or injur	y in Port I or	Port II or Item 16.7				
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED Not while of work	20e. PL/ foc	ACE OF INJURY (Home, ctory, street, office bldg.	form, 20f.	(City or town)		(County)		(Stote
	21. I certify that saw the deceas	t (I) (this hospital ed alive an Fe) attend	ed the deceased 3, 1961, and	fram d that d	Nov. 1,	19.57.	am the causes	19, 19_ and an th	61 th	at (I) (w stated	ve) la: abave
	220. SIGNATURE	stru d	el	Camp	4	M.D. ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.			2/23	SIGNE 3/61
	NAME (yype)			mpo, MD.		Springfi	Leld H	ospital, S	Sykesv	ille		
236	BURIAL CREMATION	N, 23b. DATE THEREC	F//	23c. NAME OF CEA	AETERY O	R CREMATORY	230 10	CATION (City, town	, or county	1 1	1 (State	(1)

REC'D BY REGISTRAR

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DATE

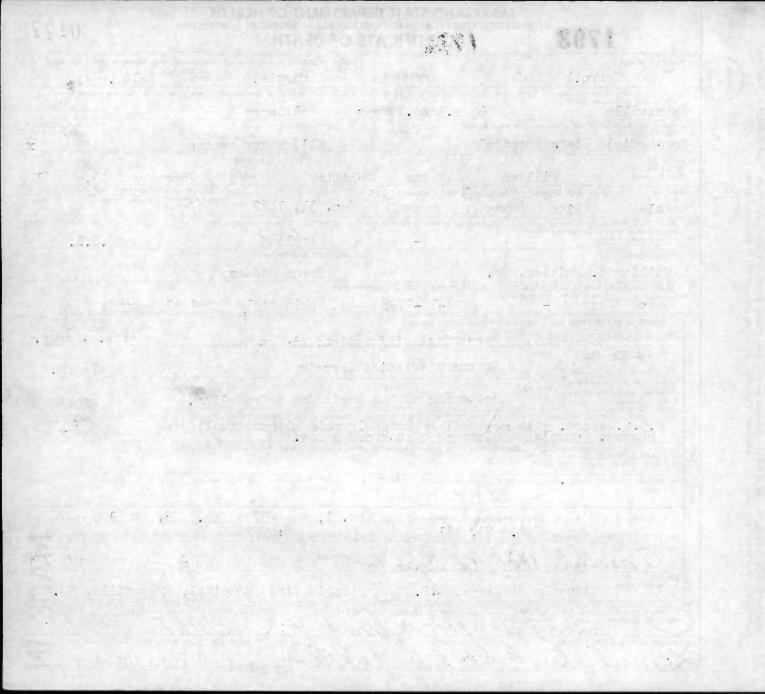
25b. REGISTRAR'S SIGNATURE

Oritun & Kraus

ADDRESS

TO FUNERAL DIRECTOR: 'After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Board of Health prior to burial, crematian, ar remaval, and in any event, within 72 haurs after death. TO HOSPITAL VR A15 (4) 15M 9/59

24 FUNERAL DIRECTOR'S SIGNATURE



1704

death. Page 4

res that the deoth certificate be executed within 24 haur

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TO HOSPITAL ATTENDING PHYSICIAN: The law requ		TO FUNERAL DIRECTOR: After this certificate has been sig		
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during most of working life, even if retired)	d give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Springfield State Hospital Box 186, Rt. 355 3. NAME OF DECEASED (Type or print) Bessie L. ZIEGLER 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER NEVE	
OR INSTITUTION Springfield State Hospital 3. NAME OF DECASED (Type or print) Bessie L. ZIEGIER 5. SEX 6. COLOR OR RACE WIDOWED DIVORCED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer/Typist 12. Color OF BUSINESS OR INDUSTRY NAME OF DEATH 2	
3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED 12—29—73 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer/Typist 13. FATHER'S NAME Levi C. Ziegler Month 2 Month 2 Month 14. MARRIED NEVER MARRIED 12—29—73 87 yrs. 18. DATE OF BIRTH 9. AGE (In years list under lost birthday) 87 yrs. 19 Maryland 11 Maryland 12 Maryland 14 Mother's Maiden NAME 15 Julia Stewart	e. IS RESIDENCE ON A FARM?
DECEASED (Type or print) Bessie L. ZTEGLER DEATH 2	YES NO
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12—29—73 8. DATE OF BIRTH 12—29—73 87 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer/Typist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi C. Ziegler 15. SEX 8. DATE OF BIRTH 12—29—73 87 yrs. 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Julia Stewart	Day Year
female white WIDOWED DIVORCED 12-29-73 lost birthday) 87 yrs. 10ast birthday) 87 yrs. 10ast birthday) 87 yrs. 10ast birthday) 87 yrs. 11ast birthday 87 yrs. 11ast birt	- 11 1961
female white WIDOWED DIVORCED 12-29-73 87 yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12.00	
Stenographer/Typist Maryland 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Levi C. Ziegler Julia Stewart	Ddys Hours Mill.
Stenographer/Typist Maryland 13. FATHER'S NAME Levi C. Ziegler Julia Stewart	TITIZEN OF WHAT COUNTRY?
Levi C. Ziegler Julia Stewart	J.S.A.
15. WAS DECEASEDEVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT (1981, no. or unknown) 1 (1994, no. give war or detate of service)	
No Springfield State Hospital Reco	ords
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Arteriosclerotic heatt disease	ONSET AND DEATH
DUE TO	ycars
Continue of the Continue of th	11
gave rise to immediate (
couse (a), stating the under: DUE TO	
, (0)	ART 1(o) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F C.B.S. assoc, with senile brain disease. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING LAUSE OF DEATH OR CONTRIBUTION CONTRIB	PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. P. m. 19 of work at work at work	(County) (Stote)
	1 -
	61, that (I) (we) last
saw the deceased alive an 2-11 1%1, and that death accurred a 9:40h, from the causes and on	the date stated above.
220. SIGNATURE ATTENDING MED STAFF	22b. DATE SIGNED
I LONDON ALL CAMPO M.D. PHYS. DIRECTOR PHYS.	2-11-61
226. PHYSIQ(AN'S NAME (Type)	
Agustin del Campo, M.D. Sykesville, Maryland	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMETER OF REMATORY 23d. LOCATION (City, Jown, or count	
Creamation 2-13-61 Bladens on Bladens on	
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THE STORY 250. REGISTRAR 256. REGISTRAR'S	eng. med
Truest & Spackers Jaken Med DATE author	SIGNATURE

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